	1.	FOR				DEPART	STA MENT OF		ARYLAN		HYGIENI	5 6		3 3	3 3	
00001 000		STATE REGISTRAR			MEI	DICAL	EXAMIN	ER'S C	ERTIFIC	CATE	OF DEA	TH	REG. N	0		
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% % % <b>∑</b> ⊢	(TYF	E OR PRINT)		EDWA	RD			S.		ALES		OF DEATH	ESTI-		8-86	
REGIE	3 SEX	(	4. RACE	5. DATE	OF BIRTH		6. AGE (IN YE			IF UNDER		2c. DATE		MONTH	DAY YEA	R 2d HOUR
RRY, PLEASE DIRECTOR. FOUR FILES. 177 HOURS	M	ALE	WHITE	MONTH 9_		-59	27 Y	RS. MONTH	S DAYS	HOURS	MIN. F	PRONOUNG	CED	12-1	8-86.	12:15
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IX WHAT	10. C	TY OR TOWN	OF DEATH		ME OF HOS	PITAL, NU	RSING HOM	, OR OTH	ER INSTITU	TION	12a USU	ALOCCUP.	ATION (TYP	PE OF WORK	12b. KIND OF I	BUSINESS
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AND STORY		RYLAN					RIOTSV		YES 🗌	NO 🔯				ville	Road	
S TOWNE	14. F	THER'S NAME		MIDDLE			LAST			ER'S MAID			DDLE		LAST	
E AND		Edward		S.			hire,	Jr.		elaid	e	M			Lefa	
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W WITH		18. CAUSE O	F DEATH (Enter on	nly one co	use per line	far (a), (b	), and (c).)								APPROXIM/	ATE INTERVAL
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STO AND	7	8/5	0			AS A CON	SEOUENCE	OF								
PRE PRE PRE			ns, if any, which se to immediate		(b)											
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#ARAKE	-	AT WORK	AT WORK		stre	et					le Rd			Howard	Co.,M	d
TO MEDICAL EXAMINEE TO MEDICAL EXAMINEE TO PAGE 4 SHOULD BE FOR TO FUNEAL DIRECTOR IN AFTER DEATH, WITH THE STATEMORE, MARYLAND		22a. I certi	ify that I taak charg	ge af the	remains desi	cribed abo	ive, held an	Autop	, X	Inspectio	The same	Inquiry	a	nd in my ap	ninian	
MAN DE S	1	death result	ed fram: Natu	ral cause	s ,	Accident	X. Su	icide	Hami	cide .		rmined mar	nner .			
ARIA WIT			MAL	1	R	(1)	0.0		TITLE (S	SPECIFY)						
AHPEN -		ACTUAL SIGNATURE.	VILLA	en	Mrs	40		M	D. Assi	istan	L_MEDI	CAL EXAMI	NER	DATE SIGNE	D 12-19-	-86
EDIC OTE T JUNER NOR		EXAMINER'S	NIAME	đ	4.											
A SECOND	9-	(TYPE OR PRI	NT)	Mar	garita	a A.	Korell	, M.I	DDRESS_		111 P	enn S	treet			
· 5385FR	23a.B	URIAL, CREMA	TION, REMOVAL	236 DATE		23c. 1	NAME OF CE	METERY O	RCREMATO	ORY		CATION		COUN	NTY	STATE
07/84 BP	_	BURI		12-	22-86	I	AKE VI	EW CF	METER	2Y				ARROLI		D
DHMH - 17		NAME			ADDRESS	-						REGISTRAR		ISTRAR'S S		
(VR A15 ME (5))		HAIGHI'	FUNERAL I	HOME	SYKE	SVILL	E, MD 2	21784		טבנ	22	1986	Julia	Dund	ion- Brade	uen.

1881 S 2 1881 Commenced and the second and the seco

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 027832 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN 2b HOUR TYPE OR PRINT) H. IF ANY DELAY IS NECESSARY, PLEASE
2. AND 3 TO THE FUNERAL DIRECTOR.
3. RETAIN PAGE 5. FOR YOUR FILES.
2. SHOULD BE FILED, WITHIN 72 HOURS
3. H. RECORDS, 201 W, PRESTON STREET, DEATH MATED MELVIN ARNOLD 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS. DATE 2d HOUR 70 PRONOUNCED Aug 10, 1916 12-11-86 6:30p Male White 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE O BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A. DIVORCED 1 WIDOWED \_ Howard County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS Retired OR INDUSTRY Farmer 5882 Apt. 1 Columbia Copperstone USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21045 Howard Columbia 13d. INSIDE CITY LIMITS? 5882 Copperstone Stevens 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Unknown LAST Sadie unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. **ADDRESS** 24401 Elizabeth Armstrong 6 10 C St Staunton Va 216 05 4504 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY USED AS A BURIAL TRANSIT FERMI OF HEALTH AND MENTAL HYGIENE IRIAL, CREMATION, OR REMOVAL Chronic obstructive pulmonary disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, Head Only 71a, EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 214 INJURY OCCURRED 21e PLACE OF INJURY 71f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK Head
72a. I certify that I took charge of the remains described above, held an Only Inspection and in my opinion death resulted from: Natural causes Hamicide Undetermined manner ECUTE THE CERTI GE 4 SHOULD E TITLE (SPECIFY) ACTUAL Assistant 12-12-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. ADDRESS (TYPE OR PRINT) 111 Penn Street 730. BURIAL, CREMATION, REMOVAL 736 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Baltimore Dec 19, 1986 Eastview Maryland 07/B4 BP Burial 24 FUNERAL DIRECTOR Harry H Witzke & Family Funeral Home 50. DATE REC'D. BY REGISTRAR

Inc 4112 Old Columbia Pike Ellicott City

**DHMH - 17** 

(VR A15 ME (5))

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Patitol Farmer Since Columbia Forest Forest

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TO HOSPITAL

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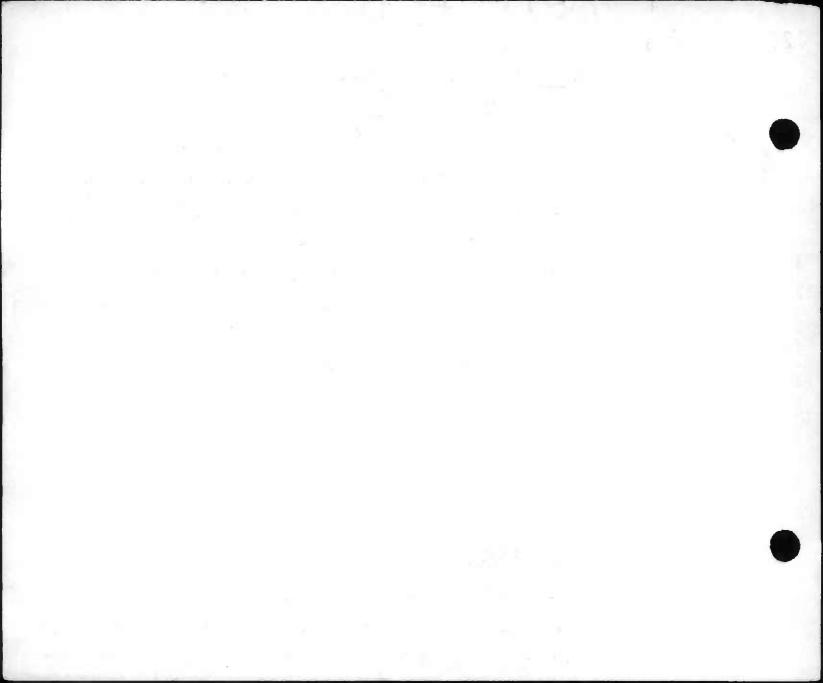
FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-3-	STATE FIGISTRAR		CERTIF	ICATE OF DEATH	REG. N	O.		
	CEASED NAME FIRST	MIDDLE	i,	AST	20 DATE OF DEATH	MONTH C	DAY YEAR	26 HOUR D
11112	Gordon	Alan	ŀ	Bauer	December	1, 198	6	1:00 M
3. SE)	x	4. RACE	5 DATE C		6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
/	'Male	White		3, 1929 17	57	YRS.	DATS	I AGE
	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8 MADDIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Frederick, MD	USA	WIDOWE		Howard	County		MD.
10. CI	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSII		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
	1kridge	6271 Rockbu	rn Hi			rintd.	_	. Natura
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR STATE U36 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			Resources
	laryland Garr			YES NO		l. Box		21538
14 FA	ATHER'S NAME	AIDDLE LAST		15 MOTHER'S MAIDEN NAV			LAS	ST
	Herbert	_	Sr.	Daisv			Wade	
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
		ean 212-38-	0007	Nadine G. Ba	uer. Same	as 13		
	18 CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), or	nd (c)	<u></u>			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIAT	FCAUSE(O) / Cesper	atay	Fallen			Kar	mdicto
		DUE TO, OR AS A CONSEOU	ENCE OF	,			-	
	Conditions, if ony, which	( 16) Levery	met	steses			)	me
	gave rise to immediate couse (a), stating the	DUE TO, OR AS AND INSERT		1 11.			1	
	underlying couse lost	(c) / Clarel	cu	c ca				no
NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVI	EN IN PART 11	0
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI	
TIER					YES NO	,	YING CAUSES	NO [
CER	71a. ACCIDENT WAS UNDERLYING		AV VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	ART I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DEA	Th.	19					
MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM EIC )	J. Since			/	
		ol) ottended the deceased from	11/	25 19 86			19 86	that (we) lost
	sow the decaysed alive on obove, (I) we did (did no	view the hady ofter death	860 .01	nd that in my (our) opinion	death occurred on the d	lote and hour	and from the	causes stoted
	226 SIGNATURE	1-14	-31	DEGREE			22c DATE	SIGNED
	Celm C	Waterfeet	nu	ATTENDING PHYSICIAN	MEDICAL STA		12/1	186
	226 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS				
	William C.	Waterfield, M.D	•	St. Agnes H	Hospital, B	altimo	re	
23a B	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	Dec. 4,1986 M	eadowi	ridge Mem. Par	k Elkridg	e	Howard	MD
24 FU	UNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAN	1 /	m a 8	
	James S. Ki	rkley, Glen Bur	nie, N	1D UEL	2 1966	gulia ,	Divideon.	Kindaes



injury, or other troumatic

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IMPORTANT: If hem 21 is marked or

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

NLO. I	10.				
DATE OF DEATH	MONTH	DAY	YEAR	26 H	IOUR
	12	07	86	11	56A
AGE LIN YEARS LAST B	(RTHDAY)	IF UND	DERLYEAR	IF UN	OFR 24 H

6	STATE SEGISTRAR		PET ANTI	CERTIFICATE OF DEA	ATH	REG. N	10.			
	CEASED NAME	FIRST	WIDDIE	LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
[TYP]	E OR PRINT)	VIRTE	ino ino enin	BIRTSAL			12	07	86	11 56A M
1.5E	Female	4.1	heard	5. DATE OF BIRTH	409	6 AGE (IN YEARS LAST BE	YRS.	IF UNDE	R I YEAR DAYS	IF UNDER 24 HRS HOURS MIN.
16	ATO 6	N.C.	CITIZEN OF WHAT COUNTRY?		RCED	9 BALTIMORE CITY		Y OF DE	ATH	MD.
A	yallsru	le	NAME OF HOSPITAL, NURSING	S HOSPITAL	JTION	TO MUSE				F BUSINESS OR
13e.:	ma.	ING HOME ON OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN	13d. INSIDE CITY	LIMITS?	13. SIREET ADDRESS	JP COL	YATI	SUIS	The me
10	William	J.	Jule	her 15 MOTHER'SM	AMM MM	MIDDLE	0	M	M	law
	WAS DECEASED EVER	IN U.S. ARMEI		2648 MV. Ch	arlis	& Dennis	ESS 5	hay	PKI	are.
	PART I. DEATH W	H (Enter only o 'AS CAUSED B IMMEDIATE C		1/ //	nan	y arre	ot	8	APPROXI ETWEEN C	MATE INTERVAL ONSET AND DEATH
	Conditions, if any,		DUE TO, OR AS A CONSEQUE	e upper ha	hos	Intshinu	emb	eal	w	7
	gave rise ta imm couse (a), statin underlying cause	g the	DUE TO, OR AS A CONSEQUE	Vete M	ell	likes			0	Κ
LION	Dehy	dro	NOTIONS CONTRIBUTING TO D	Hechedy	(cer	aft too	tat	7-en	ACT O	-9chill
ERTIFICATION	190 DATE OF OPERA		196. CONDITION FOR WHICH (			YES NO	IN CERT			IGS USED OF DEATH? NO []
ш	11a ACCIDENT WAS LINE	PRIVING T	216 TIME OF INTURY	21r HOW INDE	PY OCCUPE	ED / no see no see no see	(Data and 175 and 10	0.01.00	BART CL	

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

CITY OR TOWN

COUNTY

STATE

sow the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATUR DEGREE

21f LOCATION

R. ARORA, M.D.

FOR

STATE

22e ADDRESS

ATTENDING &

14300 GALLNT FOX LN #222

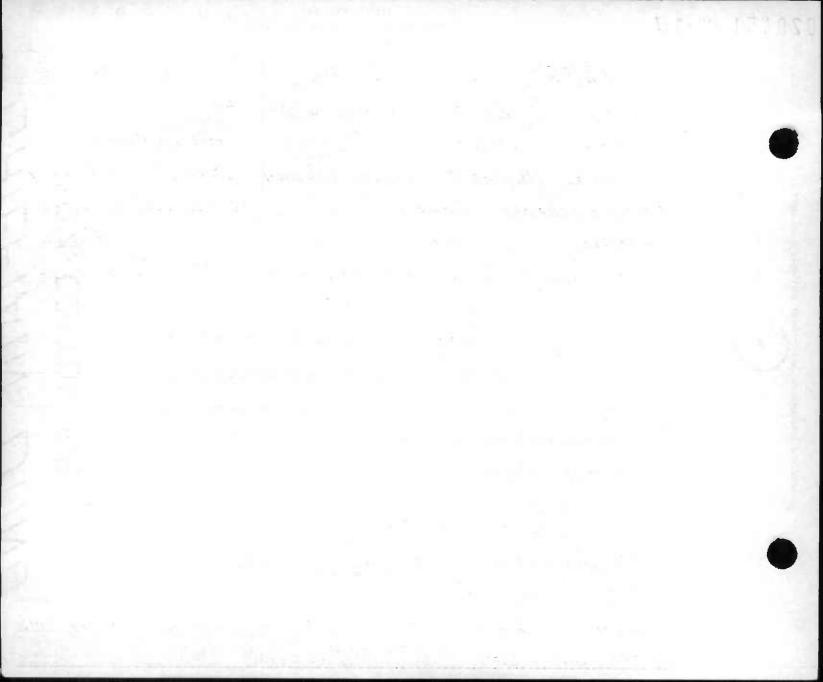
23a BURIAN, CREMATION, REMOVAL

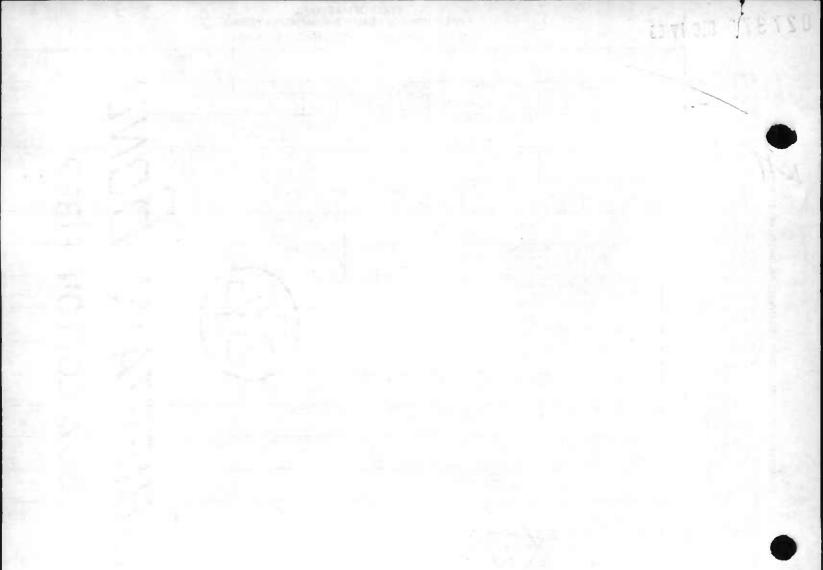
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29451 JAN -8	87	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE REG. NO	3 5	3 4	ŏ
eoth		CEASED NAME ETHE	L	MIDDLE	b	urke		NONTH DAY	84 3-	ar M
4 may be tar. page after deat	3. SE		4 RACE		5 DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MÖNIH	ERIYEAR IF UNI	OLK 24 HKJ
	Jeps B1	FEMALE RTHPLACE (STATE OR FOREIGN		ITE WHAT COUNTRY?	8	EMBER 16 1902	9. BALTIMORE CITY O	YRS. COUNTY OF D	EATH	
1 18 34		MARYLAND	u.		MARRIE	D NEVER MARRIED DIVORCED	HOWAR	- 0		AAD
1 1 1 1 1	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	ON 121 F WORKING LIFE) IN	L KIND OF BUSI	
201 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000	COLUMBIA	HOWAR	D COUNTY	(SE.	WERAL HOSPITAL	WEAVER	. 1	V. J. DR	KEY
24 hour suited by and bloom	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY HOLD)	NTY WARP	130. CITY OR TOW	/N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 5534 WAS	ZIP CODE	1. 2105	15
MARYLAND fed within 24 mpletely tille gnd 2 should	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			MILLE	- 0
A Early	16a V	CHARLES VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECL		MARY 17. INFORMANT	ADDRE			12
BALTIMORE, cots be seecu perior and co oper. Pages I	(	YES, NO OR JUNKNOWN) (IF YES, G	IVE WAR OR DATES)	213-09.	6331	WAH. Burke	5534 Calm	WATERI mbin N	H. 210	45
2 5023		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	Caroline		11157			APPROXIMATE IN BETWEEN ONSET A SI MILL I	NTERVAL ND DEATH
N ST finds a fices fices		IMMEDIA	TE CAUSE (a)							
PRESTON lie Elenth of arrange continuation, or traumation, or		Canditians, if any, which	( (b)_	OFON UN	y S	rtery Arte	riosele rela	¿ Dis	year	4,
W PRE		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	OR AS A CONSEQU	/					
es the pillot united by, or o	7	PART 2. OTHER SIGNIFICANT	CONDITIONS (	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONI	DITION GIVEN IN	PART lia	
been s mut. The prior to any inju	CERTIFICATION	19a DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	RE FINDINGS U	SED
he lo on. has la perre ene p	TIFIC						YES NO	IN CERTIFYING YES	CAUSES OF DE	
DIVISION OF VITAL RECORDS,  ING PHYSICIAN: The low requir or offending physician.  Wher this certificate has been signs the burial-transit permit. There is and Mental Hygiene prior to be nord Mental Byshows any injur		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	R PART 2)	
ON O HYSIC Institution of the or	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		P.M. E OF INJURY	19	211 LOCATION				
IVISIC PH offer the street of rked of	M.	WHILE NOT WHILE AT WORK	(AT HOME, S	STREET, FACTORY, OFFICE	ARM, ETC )	STREET	CITY OR TO	wn c	OUNTY	STATE
DING VDING I or at R: Afte use as use est		22a.1 certify that (1) (this has			12	124 19 80	1. ta 12/	30 19	50, that (1	I) (we) last
ATTER spiro CTOI I for		saw the deceased alive a abave, (I)(we) (did) (did n	n 12 ot) view the bad	ly after death.	86,0	nd that in (my) (aur) apinian	death accurred an the do			
t OR A the has toched toched e Dept.		22b. SIGNATURE	A 1.00	T 1	, ,	DEGREE ATTENDING	MEDICAL STAF	F	22c. DATE SIGNE	ED .
HOSPITAL med by the FUNERAL old be det on the State		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1	1 1	22e. ADDRESS	DIRECTOR PHYSIC	IAN		_
O HOSPITA  TO FUNERA  should be d  with the Sto		B.H. M1.	Nche	w						
	23a. E	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COU	NITY	STATE
BP	24 1	Burial UNERAL DIRECTOR	2 JA.			NRIDES MEM FI	ELKRIDE E REC'D. BY REGISTRAR		SWARD	mp.
DHMH - 16 60M 7/B4 (VRA 15, 4)		LACK FUNEON	21 stomas	ADDRESS	Bex	268 MD 7 MA	F 4007	ZJB. REGISTRAR S	SIGNATURE ,	- dage





#### 0 2 7 1 3 9 DEC 15188 OR STATE REGISTRAR 1. DECEASED NAME LITYPE OR PRINTI COLE ALICE 3. SEX 5. DATE OF BIRTH MONTH BLACK FEMALE 76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARYLAND U.S.A. WIDOWED CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3682-B MT. IDA DRIVE FLLICOTT CITY TALLAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) III STATE 136 COUNTY 13c. CITY OR TOWN HOWARD ELLICOTT CITY MARYLAND 14 FATHER'S NAME MIDDLE FIRST Damue edecicks 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-30-5097 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) And (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF imistrue Canditions, if any, which gove rise to immediate cause (o), stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19n DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INTURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WORK NOT WHILE 226.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an 12/8 obove, (1) (ye) (did) (did nat) yew the bady after death DEGREE

23g BURIAL CREMATION REMOVAL

FUNERAL HOME

ELLICOTT CITY MD 2

BURIAL

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2n DATE OF DEATH MONTH 2h. HOUR 8 1986 DECEMBER & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS NOVEMBER 6 1903 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED HOWARD COUNTY DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER DOMESTIC 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MT. IDA 0021043 3682-B YES 📉 NO [ 15. MOTHER'S MAIDEN NAME FIRST 17 INFORMANT 3682-B MT. IDA DRIVE MR. WALTER COLE ELLICOTT CITY, MD. 21043 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES 🗍 NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION CITY OR TOWN COUNTY SIREFI and that in (my) (our) apinian death occurred an the date and hour and fram the causes stated 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN [ PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION DEC 86 MEADOWRIDGE MEM. PK. ELKRIDGE BY REGISTRAR 25h REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

of the ORT

MARYLAND 21201	1
PRESTON ST., BALTIMORE,	
3	
201	
DIVISION OF VITAL RECORDS	
4	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certal cate be executed retained by the hospital or attending physician.

BP.

DHMH - 16 60M 7 (VRA 15, 4)

n by 12 turn of director, page 3 stried within 2 hours after death

		-1						STAT	E OF MARYLAND		8 6	3	<b>5</b> 5	5
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				REGISTRAR					ICATE OF DEAT	Н	REG. N	10.		
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1	100	7		Md.		USA		WIDOWE	D DIVORC	ED 🗌	Ho	WARD		MD.
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-	-1	20	13a. S	AL RESIDENCE (IF NURS	134 COUNT		GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LI	MITS?	13e.STREET ADDRESS			
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nd c	dica	5		VAS DECEASED EVER		ED FORCES?	16b. SOCIAL SEC	JRITY NO.	17 INFORMANT	58	302 Dale	DrB	alto.	.Md.
Pa.	Be	La	Sept.	No					Mrs. Au	drey	E.Rause	ידי	#2178	
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d by	101			underlying couse	lost	(c)								
D E 4	M.A.	- 9	7	PART 2. OTHER SIGN				DEATH BUT	NOT RELATED TO T	HE TERMI	VAL DISEASE OR COM	IDITION GIVEN	IN PART 1	0
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the b	o pa		MED	214 INJURY OCCUR		21e PLACE C	EET, FACTORY, OFFICE,	FARM ETC )	21E LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
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0 0 2 4	10 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR O
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EALTIMORE, MARYLAND 21201 cale be executed within 24 hours or parion and completely filled in by pers. Pages 1 and 2 should be file and.		WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECT	JRITY NO.	17
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N C C C C C C C C C C C C C C C C C C C				R AS A CONSEQU	ENCE QA	1
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× 5 5 10 5		underlying couse lost.	(c)			
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2 F F S 1 S	122- 0	BURIAL CREMATION BEALOVA	LAS DATE	122.	NAME OF C	CAAL

BP\_\_\_ DHMH - 16 50M 4/83 (VRA 15, 4)

1. DECEASED NAME FIRST (1YPE OR PRINT) HELEN FEMALE Whi		TAST AST	REG. NO	O.  MONTH DAY YEAR 26 HOUR
Helen Female Whi	K. C	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
Helen ARACE Whi	K. C			
Female Whi		rowley	1	2-24-86 1040 A
Crimic	5. DATE		6. AGE (IN YEARS LAST BIRTE	HDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	/	- 20 - 03	83	YRS.
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF	WHAT COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH
WASH. D.C. U.S			Howard	d County MD.
	HOSPITAL, NURSING HOME ( CHEACILITY, GIVE STREET ADDRESS)	1 11-00	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	
USUAL RESIDENCE (IF NURSING JOME OR OTHER INSTITUTION	d Co. Yeno		HOMEMAKER	AT HOME
130. STATE Wash 131 COUNTY	13c CITY OR TOWN Wash. D.C.	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 4201 Butterw	ziP CODE orth Pl, N.W. Wash.D.C.
ATHER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	E MIDDLE	IASI
FREDERICK GEORGE	KLEIN	HELENA	Michie	SCHUTZ
160 WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	577-26-5816	HELEN C. WEST	10735 Cr	estview La. Laurel, Md.
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CONDITIONS C	OR AS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BUT		NAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
			YES NO	YES NO
OR COLUMNIC CALLER OF DEATH		216 HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T OR PART 2)
	OF INJURY TREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
22e.1 certify that (I) (this hospital) attended to sow the eccosed alive to above (I) (we) (did) (did not wew the bad	2/23 1986	DEGREE	, to	the ond hour and from the couses stated  272. DATE SIGNED
THE PHYSICIAN'S NAME (TYPE OF PRINT)	Ross	PHYSICIAN S	TTTE D	PATINENT PHUN MAS
23a BURIAL CREMATION, REMOVAL 23b. DATE		CEMETERY OR CREMATORY	123d LOCATION	mundo in the
[SPECIFY]	0 4		CITY OR TOWN	COUNTY STATE
CREMATION 12-26	-1900   CHAMBE	RS CREMATORY	RIVERDAL REC'D BY REGISTRAR	LE P.G.C. Md.
NAME NAME	ADDRESS	20910	NEC D. DI REGISTRAR	THE REGISTRANCE STONATURE

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FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

14 FATHER'S NAME

Male

umbla

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130. STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

224 PHYSICIAN'S NAME (TYPE OF PRINT)

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

K. Mistard, MO

12/29/86

18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY

To BIRTHPLACE (STATE OF FOREIGN New York

Peter

(YES, NO OR UNKNOWN) No

eter

4. RACE

76 CITIZEN OF

Howard

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)\_

USA NAME OF (IF NOT IN SUC

		AST .	20. DATE O	REG. NO.	DAY YE	AR 2b. HOL	P
DDIE	1	OMD II	70. DATE O	12.	25/8	ZB. HOC	, K
J		1,0		, = /	2010	0	W
1	5. DATE C	/ DAY / YEAR	6. AGE (IN	YEARS LAST BIRTHDAY)		YEAR IF UNDER	MIN.
		9/11/42	D. D. A. L. T. L. A. C.	77 Y		TH	
HAT COUNTRY?	MARRIE	NEVER MARRIED	A BALIMO	ORE CITY OR COU	NIT OF DEA	in	
	WIDOWE			HOWA	hd		MD.
		R OTHER INSTITUTION		OCCUPATION		ND OF BUSIN	SSOR
FACILITY, GIVE STREET	13	want Carmon		RK FOR MOST OF WORKI	NG LIFE) INDU	STRY	
ward	00	unity General	Data	Systems -	Der	t. of	Defe
IVE AEXIDENCE BEFORE		13d. INSIDE CITY LIMITS?	113e STREET	ADDRESS / ZIP C	ODE	20777	Y. 6.
Calsenn	nia	YES NO	13456	Alinutt	Tomo		
		15. MOTHER'S MAIDEN NA	WE	ALLIIULL	Lane,	urkina	
LAST		FIRST		MIDDLE		LAST	
Cuomo		Joan	I	asilli_			
66 SOCIAL SECU	RITY NO.	17 INFORMANT	10	ADDRESS		207	777
	7770			456 Allmu	itt Lan	e High	11ano
107 00	4157	Anne Cuom			-	- ideals	- 20 T
127-32-				-211	A BET	WEEN ONSET AND	DEATH
	dice	al Adocar	1111	11101	20.1	WILLIAM CHARLE HAVE	DE PATE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION

Salisbury

, Columbia, MO

12-26-86

COUNTY

21093

Md.

STATE

	DUE TO, OR AS A CONSEQUENCE OF				
Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF				
	NDITIONS CONTRIBUTING TO DEATH BUT		INAL DISEASE OR CON	DITION GIVEN IN PART	lta:
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
			YES NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	21
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
270-1 certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did nat)	of attended the deceased from 19 6 , and the body after death.	. 19	to Dec 3		_, that (1) (we) la
22b. SIGNATURE	N II	DEGREE		22c DA	TE SIGNED

NO

23r. NAME OF CEMETERY OR CREMATORY

Harry H. Witzke Family Funeral Home

Parson's

22e ADDRESS

11-nx 5

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

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		USA	Nor York	
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#### STATE OF MARYLAND

CERTIFICATE OF DEATH	REG. NO.			
LAST	20 DATE OF DEATH MONTH	DAY	YEAR	2b HOUR
Davis	Dec.	15	1986	11:15
S DATE OF BIRTH	A AGE (IN YEARS LAST BIRTHDAY)	IF UP	NDER I YEAR	IF UNDER 24 HRS

6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3 SEX MONTH YEAR White Female. 21,1918 68 Aug.

To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

S.

FOR - STATE OREGISTRAR DECEASED NAME

(TYPE OR PRINT)

FIRST

Wilma

Ohio O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12598 \*\*\* RETE & DREET Clarksville

Howard DIVORCED | WIDOWED 12b. KIND OF BUSINESSOR Florida

13e.STREET ADDRESS / ZIP CODE

9 BALTIMORE CITY OR COUNTY OF DEATH

USUAL RESIDENCE (IF NUT ING H ME OR OTHE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13 STATE

HOTT

HOTT H8TTV Hills 1267 Cedar Circl Volusia 15. MOTHER'S MAIDEN NAME **FATHER'S NAME** MIDDLE MIDDLE

13d. INSIDE CITY LIMITS?

Scharff Effie Bauman Andrew Raymond Routes 108 16b. SOCIAL SECURITY NO. 17 INFORMANT 12598

Darlene Sanford (Daughter) N/A

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) Arrest PART I. DEATH WAS CAUSED BY espiratory IMMEDIATE CAUSE (D. DUE TO, OR AS A CONSEQUENCE OF CANCER- metastatic Broast Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20h. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOF

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

714 IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNT CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM, ETC ) NOT WHILE

MO

22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinion death occurred an the date and hour and from the causes stated 226. SIGNATURE DEGREE

77e ADDRESS

ATTENDING.

PHYSICIAN X

774 PHYSICIAN'S NAME (1996 OF PRINT)

10806 Hickory Ridge Rd. Columbia, Md. 21044

Adelphi

DIRECTOR PHYSICIAN

MEDICAL

STAFF

John Minford, MD 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL

Burial 12/19/86 George Washington THILES Rinaldi 11800 News Hamp. Ave.

S.S.Md

DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE Julia Davidson-Randale

PG

STATE

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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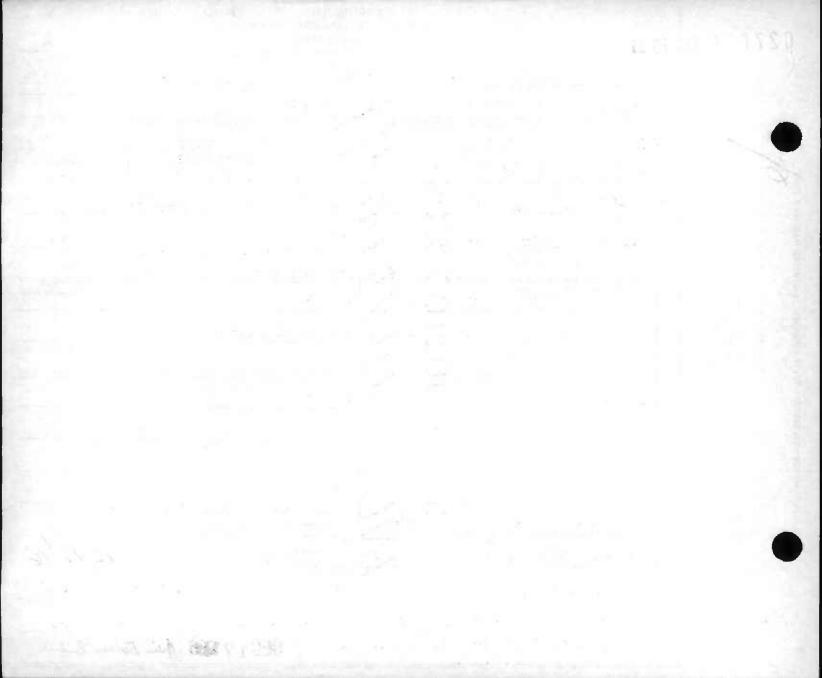
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burial-transit p Mental Hygien

CERTIFICATION

MEDICAL



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME ALIDDI F 26 DATE OF DEATH MONTH BARA Harah 2h HOUR 86 12 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF UNDER I YEAR MONTH YEAR auc 3 96 7n. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY OWARD WIDOWED DIVORCED Co. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFET Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) QUEENS 1136 COUNTY 13g. STATE 13e.STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? N/A OueensVillage YES & NO F 14\_FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elizabeth Thomas McIoravev McClanahan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIE YES GIVE WAR OR DATEST Jean Reantillo (Niece) Same as 13 068-24-3129D No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF spirato Canditians, if any, which gave rise to immediate couse (o), stofing the underlying cause last. CERTIFICATION 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 226.1 certify that(1) (this haspital) attended the deceased fram

saw the deceased alive an Dec. 2 abave, (1) we) (did) (did not) view the bady after death. and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MD ATTENDING N MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ORTAN 22d. PHYSICIAN'S NAME 22e. ADDRESS Columbia DOY 230 BURIAL, CREMATION CEMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Middle Village, New York BP 27 Dec 86 Lutheran Cemetery Burial 24 FUNERAL DIRECTOR HMH - 16 60M 7/B4 Capitol Funeral Service, Falls Church, VA VRA 15, 4)

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DHMH - 16 60M 7/84

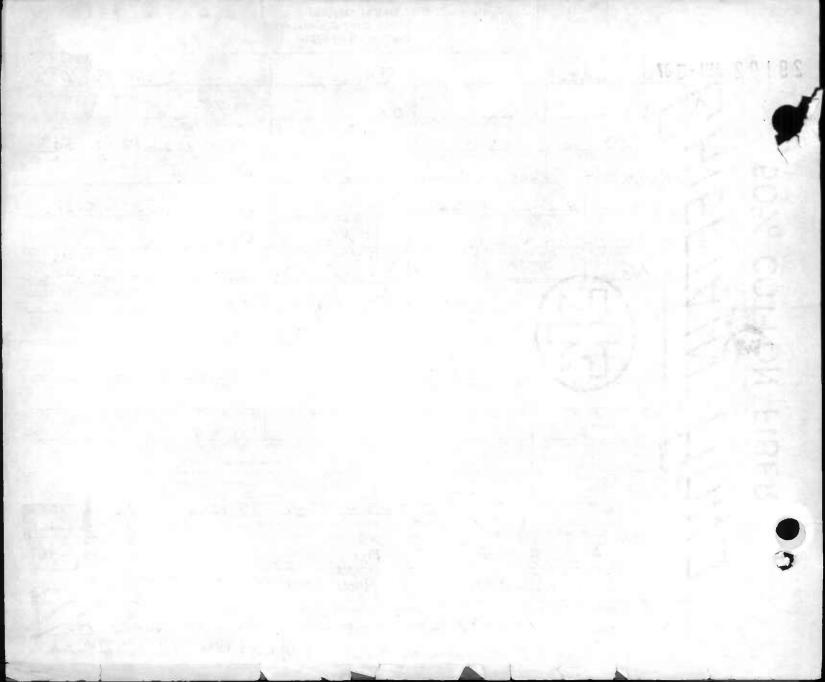
(VRA 15, 4)

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Ι,	- STATE REGISTRAR		CERTIFICATE OF DEA	ATH	REG. NO	).		The state of the s
1131	1. DE	ECEASED NAME FIRST	MIDDLE	LAST			MONTH DAY	4	b HOUR
JAN -	1	Augustus	R.	Dorsey			2 29	86	105 AM
X	1.58	EX	I. RACE	5. DATE OF BIRTH	YEAR 6	AGE (IN YEARS LAST BIRT	HDAY) IF UNI		FUNDER 24 HRS
1		MALE	COL	08 27	01	85	YRS		
12 <	m 8	BIRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTR	MARRIED DE NEVER MA	RRIED -	BALTIMORE CITY O	R COUNTY OF D	EATH	A
4	10.0	CITY OR TOWN OF DEATH # 1	USA	WIDOWED DIVO				WARD	
20	(	OLUMBIA 1	Lorien Nurs	ina Home		20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) IN	NIND OF E	BUSINESS OR
BS		JAL RESIDENCE (IF NURSING HOME ORS STATE 13b COUNT HOW		TO COCO INTO	LIMITS?	30 STREET ADDRESS /		S	12
60	10	ATHER'S NAME FIRST HANNING W.	DORSAY LAST	35. MOTHER'S M	SI SI	DARSLEY	1	LAST	
2		WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SE 213-16	CURITY NO. 17 INFORMANT	AM. Do	ADDRÉ	DOODHE		216
eestif. Ibs		II CAUSE OF DEATH lEnter only PART I. DEATH WAS CAUSED IMMEDIATE		Oro-PULMONA	HRY	ARREST	-	APPROXIMA BETWEEN ONS	
har troumbfic									
pary, or of	N.	PART 2. OTHER SIGNIFICANT CO	ITION GIVEN IN	PART 110					
2	CERTIFICATION	190. DATE OF OPERATION	19b CONDITION FOR WHILE	CH OPERATION WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	S USED DEATH?
9	1000	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	RY OCCURRED	ENTER NATURE OF MUR	IN ITEM 18 PART I O	RPART 2)	
open /	MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	-	CITY OR TOW	/N C	DUNTY	STATE
1.25 is me		22a.1 certify that (I) (this haspita sow the deceased alive an above, (I) (we) (did) (did nat),	12-14- 10	m_3 - 12 - 86, ond that in (my) (au	19.86 r) apinian dec	, to 2 - 2 orth occurred on the do	9 - 19 8 te and hour and		t (t) (we) last
47. H Hen		276. SIGNATURE A. B.	lellows :-	DEGREE ATTE	NDING SICIAN X	MEDICAL STAFF		12 - 2	9-86
PORTA		N B VE	LLANKI	22. ADDRESS 9055,	HEVROL	ET DRIVE . ELYGT	# 101 T CITY:	MD.	21043
-		BURIAL	23b. DATE 23 - 87 L	DAISY CHURCIA CA		DAISY HE	COURCE COUR	5 M	lo STATE
7/84	JA FI	UNERAL DIRECTOR NAME AS FORT L. RUSS =	2722 al. NOR	ETIX AUW	250 DEL	31 1900		SIGNATURE	dies



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Sign

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FUNERAL DIRECTOR: hospital

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IMPORTANT.

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CERTIFICATION

MEDICAL

BURIAL

FIRST

MIDDLE

SSTATE REGISTRAR 1. DECEASED NAME

STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYCIENE

CERTIFICATE OF DEATH	REG. NO.	
LAST	20. DATE OF DEATH MONTH DAY YEAR	26 HOUR
FFRRIGNO	DECEMBER 8, 1986	6:30

(TYPE OR PRINT)  JOSEPH	FERR	IGNO	DECEMBER 8, 1986	6:30p		
3. SEX MALE	4. RACE WHITE	5. DATE OF BIRTH NOVEMBER 5, 1916		IF UNDER I YEAR	IF UNDER	24 HRS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANIA	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY HOWARD COUNTY			N
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 3021 BROOK WOOD	ADDRESS)	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE SALESMAN	12b. KIND OI INDUSTRY PRINT		SSO

3021 BROOKWOOD ROAD SALESMAN ELLICOTT CITY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS?

HOWARD LLICOTT CITY 3021 BROOKWOOD ROAD 21043 NO KK MARYLAND 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE WIDDLE

FERRIGNO COLOMBO MATARASE ANTONIO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT

(IF YES GIVE WAR OR DATES) MARIE FERRIGNO SAME AS # 13 147-01-1601 WW II

18	CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) AMYOTROPHIC LATERAL SELEROSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF onditions, if any, which over rise to immediate	0
CC	Due 10), stoting the nderlying cause lost (c)	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

NONE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

LIFETHER NOTIFY MEDICAL EXAMINER P.M 71d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

86 86 220.1 certify that (1) (this haspital) attended the deceased from NOV 24 saw the deceased alive an\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

above, (li lwe) (did) (did not) vie 724 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL

ATTENDING

PHYSICIAN

274 PHYSICIAN'S NAME (TYPE OF PRINT) 72e ADDRESS

5610 Loch Raven Blvd., Baltimore, MD. 21239

GLEN BURNIE

DIRECTOR PHYSICIAN

STAFF

STATE

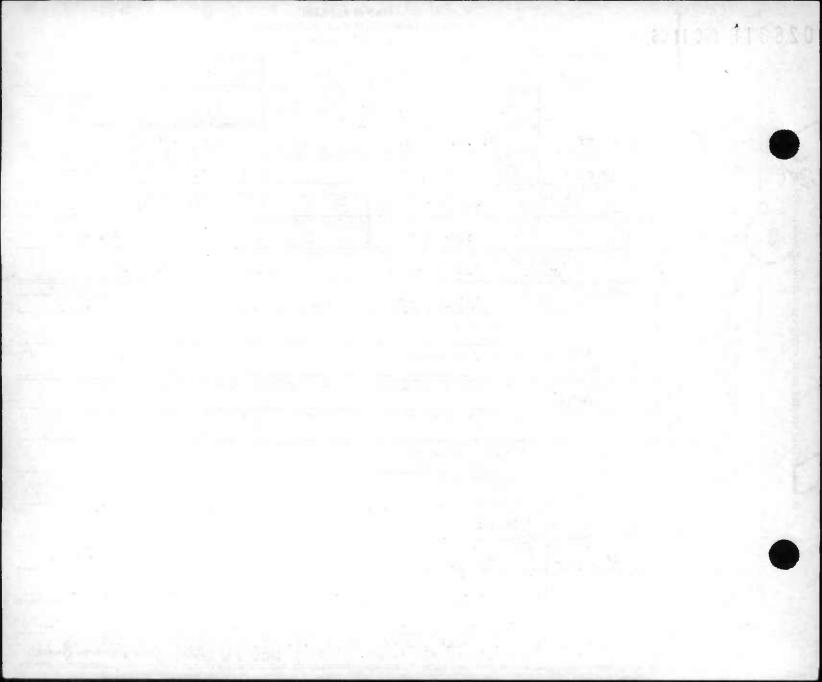
9/86

M.D. WILMOT BALL 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN MARYLAND 12/11/86

GLEN HAVEN CEMETERY FUNERAL DIRECTOR RUSSELL C. WITZKE FUNERAL HOMES P. 4250 DATE REC'D. BY REGISTRAR'S SIGNATURE 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 DEC 10 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

shauld be detached with the State Dept



rector, page 3

old be

may be

executed within 24 hours

STATE OF MARYLAND FOR

DEPARTMENT		HEALTH			HYGIENE
CEI	RTII	FICATE	OF	DEATH	

1 -	REGISTRAR			CER	TIFICATE OF D	EATH	REG.	NO.			
	CEASED NAME	FIRST WA	LTER	JOSEPH_	LAST FINNI	N SR.	20. DATE OF DEATH		DAY YEAR	26 HOUR	
	W	acto	Y	+	(UUI U		December	25, 1	1986	9:27	Рм
3. SE	X	4	RACE		TE OF BIRTH	YEAR	6. AGE (IN YEARS LAST E	BIRTHDAY)	MONTHS DAYS	HOURS	MIN.
M	ale		White			17	69	YRS.	MONING DATS	HOURS	MIN.
7a. BI	RTHPLACE (STATE OR	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	- Elevene		9 BALTIMORE CITY		TY OF DEATH		
	shington,	D.C.	Į	S.A. N WIDO	RRIED XXNEVER A	ORCED	Howard	Count	v		MD.
	ITY OR TOWN OF DEA		1. NAME OF I	HOSPITAL, NURSING HO	ME OR OTHER INST	ITUTION	120. USUAL OCCUPA	TION	126. KIND C	F BUSINES	
Co	lumbia			mesweep Lane			(TYPE OF WORK FOR MOST	TOF WORKING		t Meta	a 1
USU	AL RESIDENCE (IF NURS	SING HOME OR C	THER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISS	ION)					Lileta	11
	ryland	Howar		13c. CITY OR TOWN Columbia	13d INSIDE C	NO XX	13e.STREET ADDRESS			210/	_
-	THER'S NAME	Howai	u	COLUMBIA		MAIDEN NAM	9495 Tir	neswee	ер_цапе	2104.	2
	FIRST		IDDLE	LAST		FIRST	MIDDLE		LA:	ST	
	Thomas		rancis	Finnin		Rosetta		ica	Sau	nders	
(	VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	16b. SOCIAL SECURITY N	O. 17. INFORMA	NI	ADD	KESS			
No				578-01-464	5 Elean	or R. F	Finnin	Same			.4
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), and (c).)	/	.1	4		BETWEEN	MATE INTERV ONSET AND DE	ATH
	PARTI. DEATH W	IMMEDIATE		Keshira	LOTY 1	Yrres?	<del></del>				
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony,	, which	(b)	Denah	Pailu	re					
	gove rise to imr	ove rise to immediate									
	underlying couse lost.										
	DART 2 OTHER SIGN	NIEIC ANIT CO	(c)			TO THE TERM	INIAL DISEASE OR CO	AIDITION	DVEALING DARK 1.		===
Z	0/	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							IVER IN LAKE II	0	
CERTIFICATION	19a. DATE OF OPERA		~ U	TION FOR WHICH OPERA			200 AUTOPSY?	20b IF Y	ES, WERE FINDI	NGS LISED	
FIC				/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			IN CERT	IFYING CAUSES	OF DEATH	?
ERT	710. ACCIDENT WAS UN	DEBLYING T	21b. TIME O	E INTITION	121, HOW IN	LUBY OCCUPE	YES NO		YES 🗌	NO 🗌	
	OR CONTRIBUTING			M. MONTH DAY YE	AR THOW IN	JUNI OCCURN	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART   OR PART 2)		
CA	(IF EITHER, NOTIFY MEDI		P.,		19						
MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY EET, FACTORY, OFFICE, FARM, ETC	211 LOCATIO	)N	CITY OR	TOWN	COUNTY	STA	TE
~	AT WORK NOT WE	HILE									
	220.1 certify that (I)	(this hospite	I) ottended th	e deceased from		., 19	to		, 19	that (I) (we	e) lost
	sow the deceos	ed olive on_	view the hady	ofter death	, and that in (my)	(our) opinion o	death occurred on the	date and he	our and from the	couses state	ed
	sow the deceosed alive an							22c. DATE	SIGNED		
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										
	72d PHYSICIAN'S N	AME (TYPE OR	PRINT	1 -010	22e ADDRES		DIRECTOR   PHYS	INCIAM [			
	Author	y Vo		ECAVES MIT	11085	Little	Penfunent F	MY CO	duelya.	44/21	044
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c NAME C	OF CEMETERY OR	REMATORY	23d LOCATION	/	COUNTY	STA	75
F	Burial		12/30	/86 Meado	wridge M	emorial	PK. Dor	sev		larval	
24 FI	OYNAM & RI	ussell	C. Wit	zke Funeral	Homes P.	A. DATE	E REC'D. BY REGISTRA	R 25b. REGI	STRAR'S SIGNA		

DHMH - 16 60M 7/B4 (VRA 15, 4)

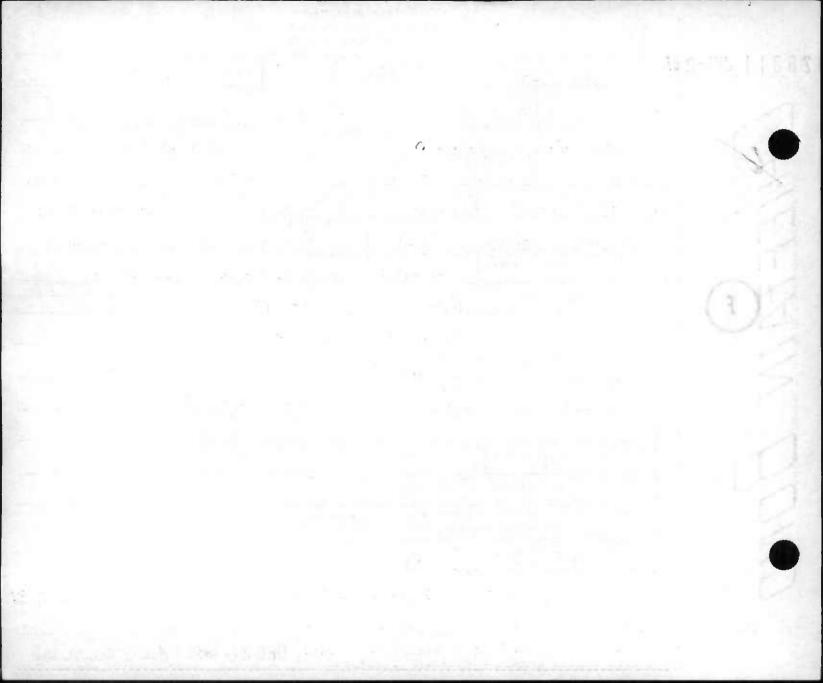
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TO FUNERAL DIRECTOR: After this certificate has been signed by the otte should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation. IMPORTANT; If Item 21 is marked or Item 18 shaws any injury, or other traum

> 5555 Twin Knolls Road, Columbia, 21045

DEC 20 1900

Julia Davidson. Randall



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FOR

	STA	TE	<b>OF</b>	MA	RYL	AND		
EPARTMENT	OF	HE	ALT	H A	ND	MENT	AL	HYGI

IENE

CERTIFICATE OF DEATH	REG. N	١٥.		
ŁAST	20. DATE OF DEATH	MONTH	DAY	YEAR
	1			

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	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
	DECEASED NAME FIRST	MIDDLE	COTNIETT	20. DATE OF DEATH MONTH	22 86 121		
1.5	Female	RACE White	S. DATE OF BIRTH J'M'Uary on 7, 1910	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2		
48 70	BIRTHPLACE (STATE OR FOREIGN 7	U.S.A.	8. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOORCED	9. BALTIMORE CITY OR COUNT Howard County	Y OF DEATH		
4/1	Columbia		General Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I HOUSEW! FE	126 KIND OF BUSINES INDUSTRY		
35 N	SUAL RESIDENCE (# NURSING OME OR O B. STATE 136 COUNT Maryland Howar	Y 13c CITY OR TOWN	YES NO	13e.STREET ADDRESS / ZIP COD 7080 Crade I roc	k Way 210		
30	FATHER'S NAME Forest M	weatherbea,	15 MOTHER'S MAIDEN NA		LAST		
Top 16a	(YES, NO OR UNKNOWN) (IF YES, GIVE			address ette 9501 Farewe	21045		
	III. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	ane cause per line far (a), (b), and BY: CAUSE (a)	RDIORE SPIRATORY	APREST	APPROXIMATE INTERV BETWEEN ONSET AND D		
or other traumal	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF UTIS				
NON INTERNATION		TTIS. GNUSE	EATH BUT NOT RELATED TO THE TERM	FEVER			
8 show any min	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200. AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO NO NO NO			
d or frem 18 v	OR CONTRIBUTING TO CAUSE OF DEATH	P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)		
arked or MED	214 INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STA		
21 is my	220.1 certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did ) (did nat)	12. 2/. 19 /	and that in (my) (aur) apinian	death accurred an the date and ha	iur and from the causes stat		
41 ± 15 1	226. SIGNATURE	Conduny		MEDICAL STAFF DIRECTOR   PHYSICIAN	224. DATE SIGNED		
APORTAN	1224 PHYSICIAN'S NAME (TYPE OR	H. CHOWOLLE	22e. ADDRESS 10798 A144	ory rince fd.	Wholis		
_	Burial, CREMATION, REMOVAL (SPECIFY) Burial	Dec 24, 1986 Ma	AME OF CEMETERY OR CREMATORY  ryland Veterans	23d LOCATION MY Cheltenham	Mary Duy STA		
0M 7/84 I	FUNERAL DIRECTOR Harry	H Witzke & Famil	y Funeral Home of DAT	EC 3 O 1986	Junden Randa		

DHMH - 16 60M 7/84 (VRA 15, 4)

Inc 4112 Old Columbia Pike Ellicott City

I-Laterate Trick Principle of the princi mylan libra tanti malym

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAY LAND 21201	0
	2
O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed to the hospital or attending physician.	70
TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and campletely filled in by the funeral director, page 3	3
should be detached for use as the burial-tronsit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 haurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.	1

STATE OF MARYLAND

ID	FOR - GENATE - REGISTRAR		DEPARTA		FICATE OF DEATH	REG. 1	40	,			
	CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	JR
	Ethel Hel	en Frez	za				12	11	86		N
3. SE		4 RACE		5. DATE		6 AGE (IN YEARS LAST B	IRTHDAY)		DER I YEAR	IF UNDER	
	Female	White		Febr	uary 4,1932	54	YRS	MONTE	DAYS	HOURS	MIN.
7a. 8	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF E	HTASC		
_	Pennsylvania U.S.A.			WIDOW	ED DIVORCED	Howard	Cour	ity			WD
	diy or town of death		HOSPITAL, NURSIN CHEACILITY, GIVE STREET Durham R	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Clerk Woo	OF WORKING	GLIFE) IN	JOUSTRY	OP	SS OR
13a.	ALRESIDENCE (IF NURSING HOME OF STATE 136 COLL HOW)	NTY	GIVE RESIDENCE BEFORE  13c CITY OR TOW  CO I UMb I a		13d INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS 5033 Durh	am Ro	ad V	West	210	44
	John F Deba	WIDDLE	LAST		15 MOTHER'S MAIDEN NA/	ME MIDDIE			1.85	ST.	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS				
	YES NO OR UNKNOWN) (IF YES, G	AE WAR OR DATES!	209 24	2113	Anthony J Fr	ezza 5033 l	Durha	m Ro	d Wes	st 21	044
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per ED BY: TE CAUSE (a)	Respire		Arrest			F	BETWEEN	MATE INTER ONSET AND	DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	(b)_	R AS A CONSEQUE	ral	Gliona				34.	r 5	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0										
O N	Seizure disc				motivition			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WEI	RE FINDIN CAUSES	OF DEAT	H?
MEDICAL CER	210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE  {IF EITHER NOTIFY MEDICAL EXAMINE	AIII	de injury M. Month Da M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ			)R PART 2)		
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY REET FACTORY OFFICE FA		21f LOCATION STREET	CITY OR TO	OWN	C	OUNTY	51	TATE
	22a.1 certify that (1) (this hasp sow the deceased alive as above [1] [we coid [ did no		h 10	1144	nd that in (my) (our) apinion o	death occurred on the c	late and h	our and		that (1) (v	,
	Jon 14.	mu	U		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []		22c. DATE	SIGNED	
	Jon K. N	11250-	9 WW		2 Know Wa-	H, Colum	619.	MO	31	043	
23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	234 N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION					

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any

DHMH - 16 50M 1/B1 (VRA 15, 4)

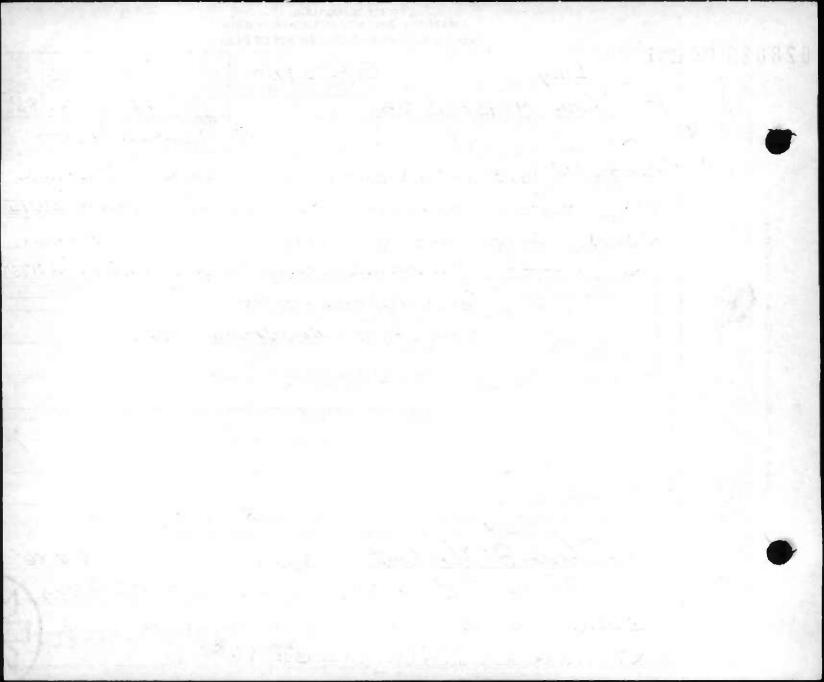
Inc 4112 Old Columbia Pike Ellicott City

Westview Memorial Pk | Catomsville Balto., Mary hand

Cremation
24 FUNERAL DIRECTOR Harry H WITZKE & Family Funeral HOMES DATE REC'D BY REGISTRAR'S SIGNATURE

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injury, or other troumotic

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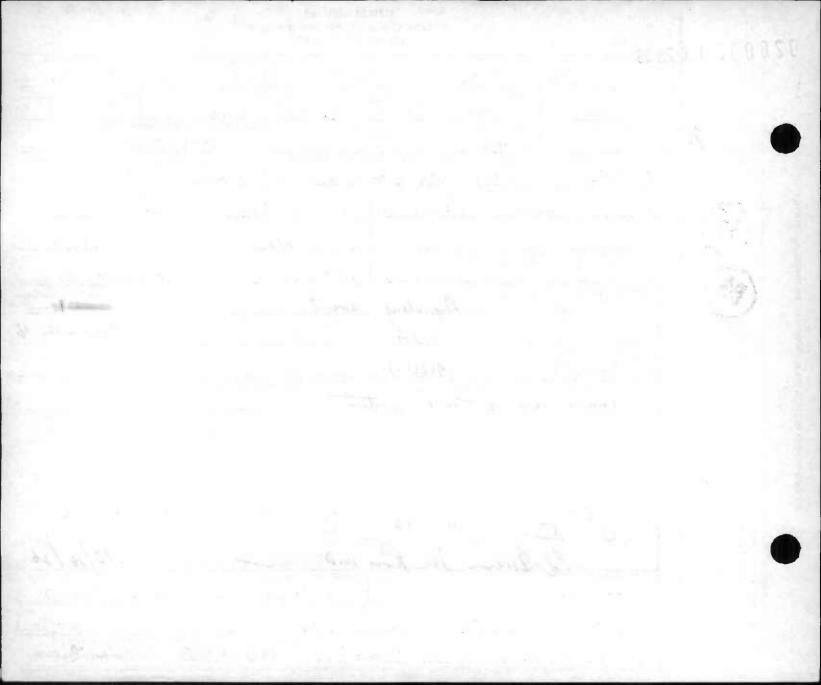
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	STATE OF MA	AKTLAND	
DEPARTM	NENT OF HEALTH	AND MENTAL	HYGIENE
	CERTIFICATE	OF DEATH	
	LAST		20.0

	FOR 1 - STATE REGISTRAR	DE		ALTH AND MENTAL H	YGIENE REG. N	Ю.		.7
Ч	1 DECEMSED NAME FIRST	MIDDLE	LAS	1	20. DATE OF DEATH	MONTH DAY	YEAR 26 HC	OUR
ı	(TYPE OR PRINT)  ANNA	М.	Н	ANFT		12/16/86	5 2:1	0P "
ı	3. SEX	4. RACE	5. DATE OF		6 AGE TIN YEARS LAST BE	RTHDAY) IF UNDE	RIYEAR IFUND	DER 24 HRS
l	FEMALE	WHITE	MONTH 5	12 1900	86	YRS	DAYS HOURS	MIN.
	Ja. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY		ATH	
I	Maryland	U.S.A.	WIDOWED	☐ NEVER MARRIED ☐  DIVORCED [	Howar	d County		MD.
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR		12a USUAL OCCUPAT	10N 12b	KIND OF BUSIN	
1	Columbia	(IF NOT IN SUCH FACILITY, GIVE		II IIomo	TTO TO THE OF WORK FOR MOST		DUSTRY	
41	USUAL RESIDENCE (IF NURSING HOME		E BEFORE ADMISSION)		Homemake			
	130. STATE 13b COU			3d. Inside city limits? Yes 🔲 — NO 🙀			0104	2
đ	Maryland Ho	ward   Ellic	al I la	S. MOTHER'S MAIDEN I	<u> 19260 Maple</u>	ROCK Dr	2104	3
1	FIRST	MIDDLE		FIRST	WIDDLE		LAST	
4	JOSEPH	Neuma Neuma		Mat.i	ilda ADDR	FCC	Glase	r
ı		GIVE WAR OR DATES)	L SECORIT NO.	INFORMAINT	ADDI		21043	
ı	NO		14-5795	Dorothy A.	Jupitz 9260	O Maple Ro		170
ı	18 CAUSE OF DEATH (Enter of PART 1, DEATH WAS CAUS	only one couse per line for (o), SED BY:	(b), and jets	+			APPROXIMATE INT	
ı		ATE CAUSE (0)	picathy	anes		- 4	The second second	
I		DUE TO, OR AS A CON	SEQUENCEOF			13	CUA wil	the 4
١	Conditions, if any, which gove rise to immediate	(b)	WH					
	couse (o), stoting the	DUE TO, OR AS A CON						
	underlying couse last.	( (c)	SWD					
ı		CONDITIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO THE TE	rminal disease or con	IDITION GIVEN IN F	PART 110	
	chric	Urmany True	t politi					
7	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING (		
	#11#				YES NO	YES 🗌	NO	
d			H DAY YEAR	THE HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR	PART 21	
2	OR CONTRIBUTING CAUSE OF D	EAIN	19					
1	OR CONTRIBUTING CAUSE OF D  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED	21e. PLACE OF INJURY		III LOCATION	CITY OR TO	OWN CO	UNTY	STATE
ì	WHILE NOT WHILE AT WORK	(AL HOME, SIREE), FACTORI,	OFFICE, FARM, ETC.)					
1		pital) attended the deceased		10 19 2	6 10	12 , 19 81	C thotal	(we) lost
ı	saw the deceased alive a	not wiew the body ofter death.	_1919, ond	that in my (our) opinion	on death occurred on the c	late and hour and fi	om the couses	stated
ı	22b. SIGNATURE	/	O DE	GREE			L DATE FIGNER	10.
		Miner 1	u Kin	IN DATTENDING	MEDICAL STA	FF CIAN []	12/16/	86
1	22d. PHYSICIAN'S NAME (1)	OR PRINT)	7	22e ADDRESS			1	_
ı	Warren Ross			11065 Titt1	le Patuxant I	Parkway 9	Suite 1	01
1	230. BURIAL, CREMATION, REMOVA			METERY OR CREMATOR		alikway	Juliu 1	01
	(SPECIFY) Burial	12/19/86		Park Cemete	CITY OR TOWN	COUN	Mar	vland
1	24. FUNERAL DIRECTOR	1 12/13/00			ATE REC'D. BY REGISTRAF			y 1.0110
Į	Hubbard Funeral	Home, Inc Al	07 Wilker		DEC 1 0 1986	1 1 2	dery Pano	Lass
1	numbaru rulerar	none, mc. 41	O MITKEL	S Ave.	Fire 1 2 2000	CI COM	And to Manne	A. cenda



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DHMH - 16 60M 7/84

(VRA 15, 4)

nitral director, page 3Cn 72 hours after death

may be

FOR

STATE REGISTRAR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIF

CATE OF DEATH	REG. NO.
	INEO. TO

	CEASED NAME FIRST	M	IDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR			
1	GE OR PRINT)	ORGE	Α.		HELWIG	December	28.	1986	1:15P M			
3. SE	Х	4. RACE	5.		OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR				
M	ale	Whit	.e	Aug	ust 20, 1904	82	YRS.	MONTHS DAYS	HOURS MIN,			
	IRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF V	VHAT COUNTRY? 8.			9 BALTIMORE CITY OR COUNTY OF DEATH						
	aryland	U.S.		MARRIE /IDOW!	D XXNEVER MARRIED D							
	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING I	HOME (		12a. USUAL OCCUPAT		9	MD. OF BUSINESS OR			
-	llicott City	Bon S	ecours Ext	end	ed Care	Self Employes Truck Mechanic						
13a.	AL RESIDENCE HE NURSING HOME STATE 136. COL		GIVE RESIDENCE BEFORE ADI	AISSION)	\$13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COE	Œ				
M	aryland Bal	timore	Catonsvil	le	YES NO XX	711 Maid	en Ch	noice La	ne 21228			
14. F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM			LA				
1	Charles	MODIE	Helwis	7	Catherin	_		Nine				
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECURIT	Y NO.	17. INFORMANT	ADDR	ESS		-			
N		GIVE WAR OR DATES)	213-10-65	513	Mary Louis	e Helwio	Sa	ame as #	£ 13			
-	12 CALISE OF DEATH (Enter	only one couse per			Λ	, c .iic zwig		APPROX	XIMATE INTERVAL LONSET AND DEATH			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	SED BY: ATE CAUSE (a)	Course	Den	ing garte	M		BCIWEEN	ONSET AND DEATH			
		DUE TO OR	AS A CONSCOUEN	10	. 0	- 0						
ı	Conditions, if any, which	(b)	0 VV	W	hubit Die	lock						
	gave rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUENC	E OF								
	underlying cause last.	(c)	AS A CONSECUTIVE									
	PART 2. OTHER SIGNIFICAN	-	NTRIBUTING TO DEA	TH BU1	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART 1	10			
N O												
CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OP	ERATIC	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YI	ES, WERE FINDI	NGS USED			
Ē						YES   NO		IFYING CAUSES	NO			
1 8	710. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)				
	OR CONTRIBUTING CAUSE OF E	ALAITI .	A. MONTH DAY	YEAR 19	1							
MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY		21f LOCATION							
X	WHILE NOT WHILE D	(AT HOME, STRE	ET, FACTORY, OFFICE, FARM	ETC )	STREET	CITY OR TO	WN	COUNTY	STATE			
1	22a.1 certify that (1) (this has	nital) attended the	deceased from	~	5/86	to 12/	28	10 86	that (I) well last			
1	saw the deceased aliver	14	19	, o	nd that in (my) (our) opinion de	eath occurred on the d	ate and he	our and from the	causes stated			
	obove, (I) (we) (did) (did)	not) New the body o	after death.		DEGREE			22c DATE	ESIGNED			
	98	5	with		ATTENDING PHYSICIAN	MEDICAL STA						
1	274 PHYSICIANISTIAME (11)	(DE FERNT)			27e. ADDRESS							
	Jerry Seal	s M.D.			2 Knoll N	orth Driv	e, Co	lumbia,	MD.			
	BURIAL, CREMATION, REMOVA			AE OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE			
В	urial	12/31/	86 Loud	lon	Park Cemetery	Baltimo	re		Maryland			
24_F	UNERAL DIRECTOR ET GIME M. & Russ	ell C Wi	t zkowkano oz	1	250. DATE	REC'D. BY REGISTRAR		STRAR'S SIGNA	TURE			
1.0					Homes P.A. DE	C 30 1986		a Divideor				

CS IN SEC. THE WHITE THE SEC. TO BE COLORS TO DESIGNATE PROPERTY AND ASSESSED AND ASSESSED. And well william B. Hilton St. - Durette Hilton

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23	FOR STATE SEGISTRAR		DEPARTA		FICATE OF DEATH	REG. N	0.			
	ECEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	25 HOUR
(14h	TEE			HIID	WITZ		12	17	86	AM
1.58		4. RACE		5. DATE		6 AGE   IN YEARS LAST BIR	THDAY)		DERIYEAR	IF UNDER 24 HRS
	MALE	TATELY:	ITE	MONT	DAY YEAR 5 11	75	YRS	MONTH	S DAYS	HOURS MIN.
Tu. B	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	B		9 BALTIMORE CITY			EATH	
	New vork	11 (	5.A.	WIDOW	D NEVER MARRIED DIVORCED	Howard	Coun.	+-37		MD
10.0	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12	KINDO	F BUSINESS OR
1	Columbia		CHEACILITY, GIVE STREET		ral Hospital	School Te	ache:		DUSTRY SC1	1001
USU	JAL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	E ADMISSION)					DCI	1001
1	Mary land 13b CC		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 6336 Ceda			2104	1.1
_	Maryland H	loward	Columbia	<u>a</u>	15. MOTHER'S MAIDEN NA		L La	116	210	11
1	FIRST	MIDDLE	LAST		FIRST	MIDDLE			1AS	
116-	Morritz WAS DECEASED EVER IN U.S.	ARMED EODCESS	Glass	IDITY NO	Lee 17 INFORMANT	ADDR	FSS		Z1.mme	erman
		GIVE WAR OR DATES							4455	
	NO		058-03-	6005	Stan Misiko	ff 1450 Br	oadw	ay	1155	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one cause pe	r line far (a), (b), an	id (ci.)	-16			-	BETWEEN	MATE INTERVAL DISET AND DEATH
		DIATE CAUSE (a)	Cardiog.	enic	Thock.			-	2	14.
NC		DUE TO, C			NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION	GIVEN IN	PART 10	o ·
CERTIFICATION	190 DATE OF OPERATION			OPERATIO	ON WAS PERFORMED	200 AUTOPSY?				OF DEATH?
4 5	71g. ACCIDENT WAS UNDERLYING	216 TIME	OF INJURY	_	21c. HOW INJURY OCCUR	YES NO	ID V ID. ITE AA		NO BART 21	NO []
	OR CONTRIBUTING CAUSE OF	DEATH HOUR	I.M. MONTH D.	AY YEAR	THE HOW MAJORI OCCUR	TENIER NATURE OF INJU	KT IN IIEM	IS PART CO	JR (	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	NWO		OUNTY	STATE
	22a I certify that (I) (this has sow the decease live above, (I) (we) (did) did	/ 2	/ / /	86.	and that in (my) (aur) apinion	death accurred on the d	ate and I	hour and		that (I) (we) last causes stated
	226. SIGNATURE	W. Sn	all m	P	DEGREE ATTENDING PHYSICIAN	MEDICAL STA			12/	17/86
	Richard h	). Smit	-6 M.	٥.	Columbia	02 Hic	Kor 104	4.	Kidg	re Rd.
23a	BURIAL, CREMATION, REMO				CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		tol		STATE
24	Burial FUNERAL DIRECTOR	12/19	/86  Mt	Juo	lah Cemetery	Brooklyn	2512DE	King		N.Y.
	NAME		ADDRESS			FC 1 91986	A SHE WE W	- A	COST	URE dall
H	lubbard Funera	Home, I	nc. 4107	Wilke	ens Ave.	FO 1 0 1000	14			

DHMH - 16 50M 4/B3 (VRA 15, 4)

1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WILLIAM OF HEWELLI WARD	MENTAL III OTENE	
CERTIFICATE OF	DEATH	PEG.

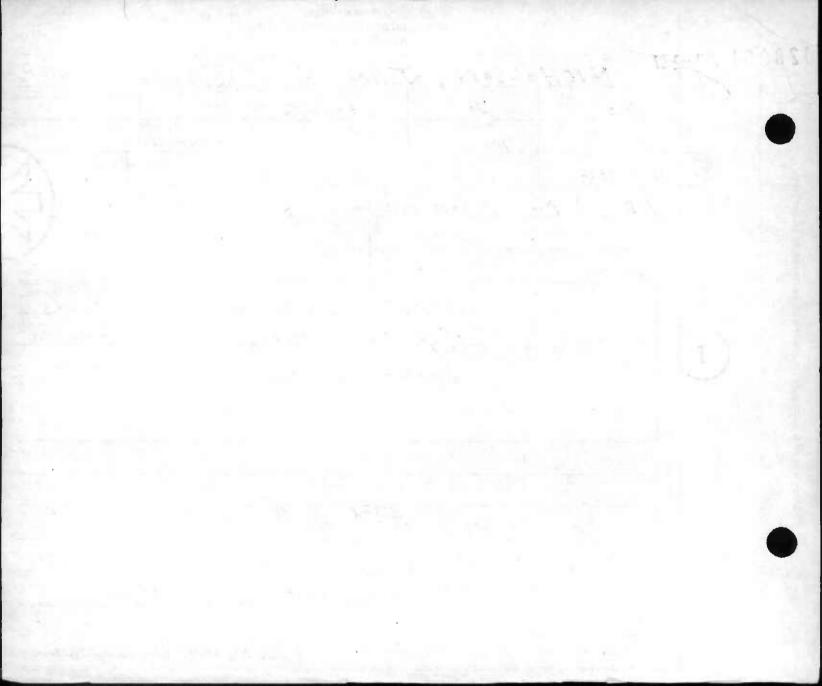
REGISTRAS				REG. NO	
ASED NAME FIRST	0150	WIDDLE TEL	4A/ (.)	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 SEX	1 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 MRS
MALE	t	MON	ロナールーツ	90 YE	MONTHS DAYS HOURS MIN.
To BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY? 8 MARRI	ED-E NEVER MARRIED	9 BALTIMORE CITY OR COU	
Virginia	4.5.	WIDOW		HOWARI	MD.
COLUMBIA		HOSPITAL, NURSING HOME HEACILITY GIVE STREET ADDRESS) Nur	or other institution sing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  farmer	126 KIND OF BUSINESS OR INDUSTRY Dept. of Ag.
USUAL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION. INTY	GIVE RESIDENCE BEFORE ADMISSION 131 CITY OR TOWN BELTSVILLE	13d. INSIDE CITY LIMITS? YES NO X	122TREE PARRESS ANG	PP Rd. 20705
James	Q <sub>widdre</sub>	Nicholson	Effie FIRST	ME B. MIDDLE	Weakley
(YES, NO GRUNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECURITY NO. 220-44-0498	Elsie Dixon	same as #13	
PART I. DEATH WAS CAUS	inly ane cause per ED BY: ATE CAUSE (a)	line for iai, ibi, and ic	en pheil	mania	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OF	R AS A CONSEQUENCE OF ASSAS A CONSEQUENCE OF ACULE BILL	s ulcers	NINAL DISEASE OR CONDITION	2 months 3 months GIVEN IN PART 110
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		TION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 206 IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
00.00.170.00.170.10	AIR	M. MONTH DAY YEAR	?	RED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)
OR CONTRIBUTING CAUSE OF DIT	21e PLACE ( (AT HOME STR	OF INJURY EET FACTORY OFFICE FARM ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this hasp saw the doctored live o above, (1) (we) (did) did n	n ZQ T	19 86	and that in my (our) opinian	to ZS Dec	havi and from the couses stated
226. SIGN ARE	rule	ELM)	DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	12/2 8/86
RICHAR		SLO DRUSET	2 LIRIEN	Nunsing 1	time
230 BURIAL, CREMATION, REMOVA BUYIAL	12/31/	86 Ft. L	CEMETERY OR CREMATORY incoln Cemeter	Brentwood Pr	ince-George Mot

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT #

Properties V. Borgwardt 4400 Powders Mill Rd. Beltsville 20705

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
DEC 30 1980 Julia Dividura Pendara



e tuneral director, p within 72 hours offer

	POR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	REG. NO	3 :	)	0 0
[TYP	CEASED NAME E OR PRINT)  OUV	FIRST SA	NG	EUN	Kir	× KIM	Decen	EATH	MONTH 12 DAY	14 YEAR 8	26 HOUR 0840 M
3 SE	x Female	4.	RACE Kore	an O	S. DATE C		6 AGE (INYEA	RS LAST BIRT	UNDER I YEAR	HOURS MIN,	
	RTHPLACE (STATEOR COUNTRY) Korea	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED D	9 BALTIMOR		Count		MD.
10. C	TY OR TOWN OF DEA	ATH 11	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	rother Institution	126 USUAL OF TYPE OF WORK F	OR MOST OF	WORKING LIFE)	12b. KIND C INDUSTRY Hot	OF BUSINESS OR
USU 13a	USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, 13a, STATE 13b, COUNTY Howard Howard			GIVE RESIDENCE BEFORE 131. CITY OR TOW Columbia	CITY OR TOWN 13d INSIDE CITY LIMITS?						
				Hong	g	15. MOTHER'S MAIDEN NA.	ME	MIDDLE		An	
- 1	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SI (YES, NO OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)   218-02					James D. K	im	ADDRES	ss ne as #	13	
	18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stotif underlying couse	which nediote lost.	DUE TO, OI  DUE TO, OI  (c)	Arder fur RAS A CONSEQUE LAGE LAG RAS A CONSEQUE	ENCE OF	ny Collapse Lobe preuns	- Hu				IMAITE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBI				NOT RELATED TO THE TERM	20a AUTOP	SY?	20b. IF YES, V	VERE FINDI	NGS USED 6 OF DEATH?	
MEDICAL CERT	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CALEXAMINER)	21b. TIME O HOUR A	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR		RE OF INJUR	YES [		NO []
MED	21d. INJURY OCCURI	ILE 🗍	(AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
											that (1) (we) lost couses stated

226. SIGNATURE

DEGREE

22c. DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF PHYSICIAN 22e ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Stahl MD Lloyd

Howard

Hosp 231. NAME OF CEMETERY OR CREMATORY

Cedar Land Columbia.

BP.

retained by the hospital or attending physician.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and is should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows any

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 12/16/86 Burial

Meadowridge Memorial

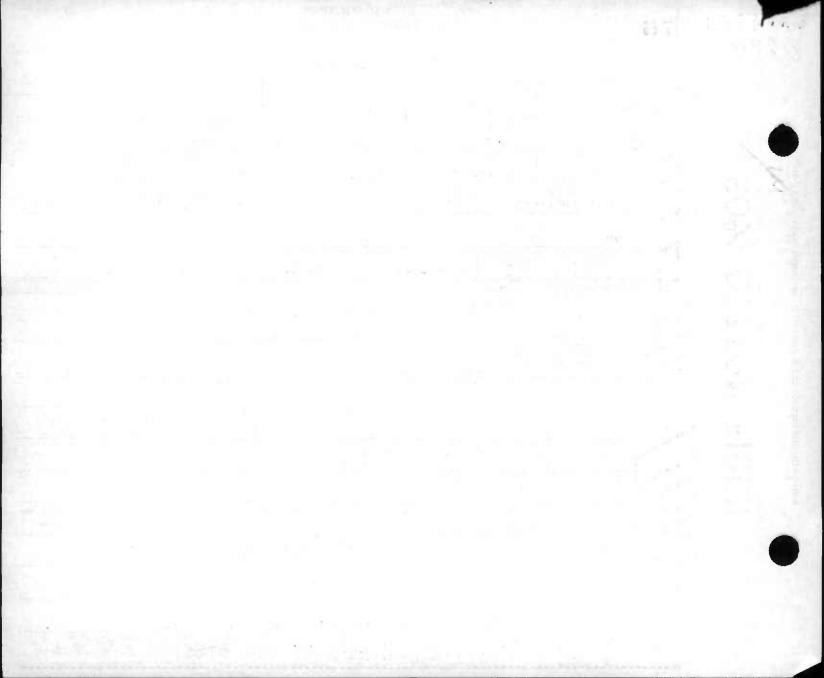
23d LOCATION Dorsey

STATE MD.

Lergy M. & Russell C. Witzke Luneral Homes 5555 Twin Knolls Road, Columbia, MD. 21045

23b. DATE

DEC 1 6 1986 Julia Dioidon Randare



BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE C C REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	REG. NO.						
P DECEASED NAME FIRST	MIDDLE	LA	AST	20. DATE OF DEATH MO	NTH DAY YEAR	2b HOUR				
Emma J.	Lacey			December 3		M				
3 SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHDA						
Female	White	June	27° 1924 AR	62	MONTHS DAYS	HOURS MIN.				
BIRTHPLACE (STATE OR FOREIGN ) COUNTRY) Mary land	Th CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED	P BALTIMORE CITY OR COUNTY OF DEATH HOWARD County						
Ellicott City	11. NAME OF HOSPITAL, NURSIN 36. 8 BLUE HILL		R&THER INSTITUTION	120 USUAL OCCUPATION	DRKING LIFE) 126 KIND (INDUSTRY	OF BUSINESS OR				
USUAL RESIDENCE (IF NURSING HOME OR (130, STATE 134 COUN HOWAT	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY TO THE PROPERTY OF TOWN	ADMISSION)	13d INSIDE CITY LIMITS?	13:36 168 ADDE 1 11e	Hill Court	21043				
Harry T Gerwig	AIDDLE LAST		Daisy RST	^Bazze	ell ta	st				
160 WAS DECEASED EVER IN U.S. ARA (YES NO OR UNKNOWN) IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 2 4 42 7		Mr Tom Lacey	3618 Blur Hi	III C+ 2104	13				
PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE  (b) M C TO STO  DUE TO, OR AS A CONSEQUE  (c) TO STORE THE STORE  ONDITIONS CONTRIBUTING TO E  CRUM 22 + CM  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA  P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FI	ENCE OF CHARLES OF CHA	evarian  Labeles  NOT RELATED TO THE TERM  G-T blecd  WAS PERFORMED	Cancer with  methers  inardisease or condition  / anema  1200 AUTOPSY2  120	enor years on given in part in the part in	emua NGS USED				
sow the Necrosed olive on	PRINT)  E E 236 DATE  236 DATE  236 DATE	/	egree ATTENDING PHYSICIAN 22e. ADDRESS ASD N. RUMMETERY OR CREMATORY	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	signed 86				
74 FUNERAL DIRECTOR Harry H. Witzke & Funeral Home	Family 4112 <sub>cs</sub> C Ellicott	olumbi City,	la Road 250 DATE Md., 21043	REC'D. BY REGISTRAR 256	REGISTRANS SIGNA	TURE				

with the sittle 

THE WAY

nery ... itske i Parly 4112 clumbta kond maral home : Elicott fity...k., 21043

~	1 .	REGISTRAR JOAN			ADDOX		ICATE OF I	DEATH		REG. NO.		esa Is	
moy be poge 3 er deoth		CEASED NAME OR PRINT)	FIRST		AN	M-M	A000	X	20. DATE O	DEC.	12 11	11	7 ISPI
ge 4 mo) ector. po	3. SE	EMALE	4.	RACE BLACK		S. DATE	7 DAY 1	YEAR 36.	6 AGE (IN)	EARS LAST BIRTHDAY)	IF UNDER	DAYS HOL	URS MIN.
deoth. Pog		RTHPLACE   STATE OR FO	ISLAND	CITIZEN OF		MARRIE WIDOW	NEVER /	_		RECITY OR CO		TH	MD
de de		TY OR TOWN OF DEAT	H 11	. NAME OF H	OSPITAL, NI	URSING HOME ( STREET ADDRESS)  GENERA	ROTHER INS	TITUTION	12a USUAL	OCCUPATION K FOR MOST OF WORK	LING LIFE) INDL	IND OF BU	SINESS OR
24 hours	USU. 13a S	AL RESIDENCE LIF NURSIN		HER INSTITUTION		BEFORE ADMISSION)	130 INSIDE C		13e.STREET	ADDRESS / ZIP PHELPS	CODE		
d within the delivery	14 FA	THER'S NAME FIRST  KENNETH	MID	F.	AIRWEA		15. MOTHER' HEL	S MAIDEN NA FIRST EN	ME	MIDDLE CL.	EMENT	LAST	
t and ca Pages I		VAS DECEASED EVER IT	U.S. ARME			SECURITY NO. 2-5891	17 INFORMA		DDOX	ADDRESS SAME AS	S # 13	e	
physicia m papers meval went, the	1	18 CAUSE OF DEATH PART I. DEATH WA	LEnter only on SCAUSED E	BY:	ling for (a), (1	Et CHA	POW P	FIRM	TOP 1	ALLICE	BE	APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH
deoth ce otherding ove carbo has, or h aumotic	3	Canditions, if any,		DUE TO, O	DUL!	WEST !	ATORY	051K	255S	YNDROT	K (	6WK	3
by the cost cremat		gove rise to imme cause (a), stating underlying couse	the	DUE TO, OF	ARBE	ELL 14	E.BROX	CHOSEL	W GALL	CIWAR	ELLUS-	- 14	a.
equires in ugged Then plan injury, o	NOI	PART 2 OTHER SIGNS	IFICANT CO	nditions <u>co</u>	ntributing	G TO DEATH BU	NOT RELATED	TO THE TERM	IN AL DISEAS	E OR CONDITIO	N GIVEN IN P	ART 110	
he loan box bear permit mene prio	CERTIFICATION	10/21/8	6	LOE CE		THICH OPERATION	N WAS PERFO	RMED CUL.	20a AUTO		IF YES, WERE CERTIFYING C YES []	AUSES OF D	
CIAN T g physics sufficate software real thysis	100	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	AUSE OF DEATH	21b. TIME O HOUR A.I	M. MONTH	DAY YEAR	21c HOW IN	IJURY OCCUR	RED (ENTER NA	ATURE OF INJURY IN 17	EM 18 PART I OR P	ART 2)	
G PHYS otherdin er this c s the bur t and Me ded or b	MEDICAL	21d. INJURY OCCURRE	E 🗍	21e. PLACE ( {AT HOME, STR		FFICE, FARM, ETC.)	211. LOCATH STREE			CITY OR TOWN	COU	NTY	STATE
TTENDER pitol or TOR AF for use of of Health	-	220 certify that (1) ( sow the deceased above, (1) (we) (di	d alone as	11.01		~//	t ZO and that in (my)	, 19 dinion	to death occurre	Me()	19 d hour and fre	that	(I) (we) last es stated
At OR A the hos At DREC letoched the Dept.	3	226 SIGNATURE	and	A. (	Cur	ne M	DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN [	1	DATE SIGN	JED 1986.
THOSPITAL TO FUNERAL THOMAS BE det THE State APORTANT	3	220. PHYSICIAN'S NAI	ME LIYPE OR PI	A.	Cur	RIE	22e ADDRES	c c		7, COLUI		4/21	045
BP	23a E	BURIAL, CREMATION, R	REMOVAL	236. DATE 12/15	/86	23c NAME OF C	EMETERY OR	CREMATORY	23d LOC				MĎ.

8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE

Dividson Pandall

ZA FUNERAL DIRECTOR
LEROYNAM. & RUSSELL C. WITZKE FUNERAL HOME OF COLUMBIA
5555 TWIN KNOLLS ROAD COLUMBIA MARYLAND 21045

DHMH - 16 60M 7/84 (VRA 15, 4)

3

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH DEGEASED NAME 12-10-86 DoRothy Never 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 99 87 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? BUTHPLACE ISSAN OR FOREIGN MARRIED NEVER MARRIED HOWARD Marvland USA WIDOWED X DIVORCED [ CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Housekeeper 130 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Baltimore NO X 918 Masefield Rd. 21207 Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Garde Katherine Andrew Kne11 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS I a . WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATEST 215-18-7408 Robert L. Meyer 10071 Colonial Dr. 21043 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate couse lot, stating

			20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DE			
		YES NO	YES 🗌	NO 🗌		
TIME OF INJURY DUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)			
P.M. 19						
PLACE OF INJURY HOME STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOV	AN CONIA	STAT		
	DUR A.M. MONTH DAY YEAR P.M. 19	DUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY 211 LOCATION	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19  PLACE OF INJURY  211 LOCATION	TIME OF INJURY DUR A.M. MONTH DAY YEAR P.M. 19  211 LOCATION  211 LOCATION  212 LOCATION		

KOLODRUBETZ, RICHARD

22e ADDRESS

,19\_\_\_\_\_\_, and that in (our) opinian death accurred on the date and hour and from the couses stated

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

LORIEN

ATTENDING

(SPECIFY) Buria1 23c NAME OF CEMETERY OR CREMATORY

13,1986 Louden Park Cemetery

DEGREE

Baltimore, Md.

24 FUNERAL DIRECTOR

226. SIGNATURE

Edward J. Weber Funeral Home 5311 Edmondson Ave

ISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/16	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	0.				
	CE ASED NAME OR PRINT!	FIRST U15E	,	WIDDLE		ILLE	- 0	20 DATE	OF DEATH	MONTH	DAY 20	YEAR	26. HOUR	P
3 SE			RACE	G	5. DATE C	F BIRTH		6 AGE (II	YEARS LAST BIR	R I YEAR	IF UNDER 2	24 HRS		
	FEMALE		WHITE		JUNE 2, 1921 -			6	5	YRS	MONTHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH						
PE	NNA"		US	A	WIDOWED DIVORCED			HOWARD COUNTY						
	TY OR TOWN OF DEALUMBIA	TH 1		OSPITAL, NURSIN			ISTITUTION	120 USUAL OCCUPATION (VARTON TYPT STORKING LIFE) INDURAPHICS						SS OR
	AL RESIDENCE (IF NURS RYLAND	13HOWAF		COLUMBTY		13d. INSIDE	CITY LIMITS?	131 STREET ADDRESS / ZIR CODE RD. #E-2						)
14. FA	ATHER'S NAME EPHRAIM	м	OD16	MILLER			R'S MAIDEN NAM DÍÉ	AE	MIDDLE			CHEÏ:		
	VAS DECE ASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	166. SOCIAL SECU 109-16-0		MRS.	ADELE S'	TEIN			EMPSTEAD, N.Y AD AVE.			
	18 CAUSE OF DEATH W PART I. DEATH W  Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	AS CAUSEĎ IMMEDIATE which nediote g the	BY: CAUSE (b) DUE TO, OI	RESP	IRAT ENCE OF DNIA	4)	ARRE	VG 17					day	C C
CERTIFICATION				ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL				200 AUTOPSY? 20b. IF YES, WERE FINDINGS U						
TIFK								YES 🗌	NO		ES [	.AUSES (	OF DEATH	H? 
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	21b. TIME O HOUR A P	m. MONTH D. m.	AY YEAR	21c. HOW INJURY OCCURI		RRED (ENTER NATURE OF INJURY IN )		RY IN ITEM T8	IN ITEM T8 PART I OR PART 2)			
MEC	WHILE NOT WH	ILE 🗍		EET, FACTORY, OFFICE, F	ARM ETC )	STR			CITY OR TO	wN	COL	UNTY	ST	ATE
	220.1 certify that (1) saw the decease above, (1) (we) (c 22b. SIGNATURE	d olive on _	12	-20 19		d that in (m	y) (our) opinion d	eoth accur	red on the d	ote and ha		-		
	and pulyers and	1	visha	a P Ku	ur ou	100 100	ATTENDING PHYSICIAN	MEDICA	L STA	FF IAN 🔲		2/2	0/86	
	22d PHYSICIAN'S NA KRISH		- '	KUMAR		1082		LORY	RI	0 6 6	E R	D. G	0601	481
	BURIAL, CREMATION,	REMOVAL	236 DATE 12/22		AME OF C		R CREMATORY	C	CATION ITY OR TOWN LTTMOI	RE. M	D.	TY	51	ATE

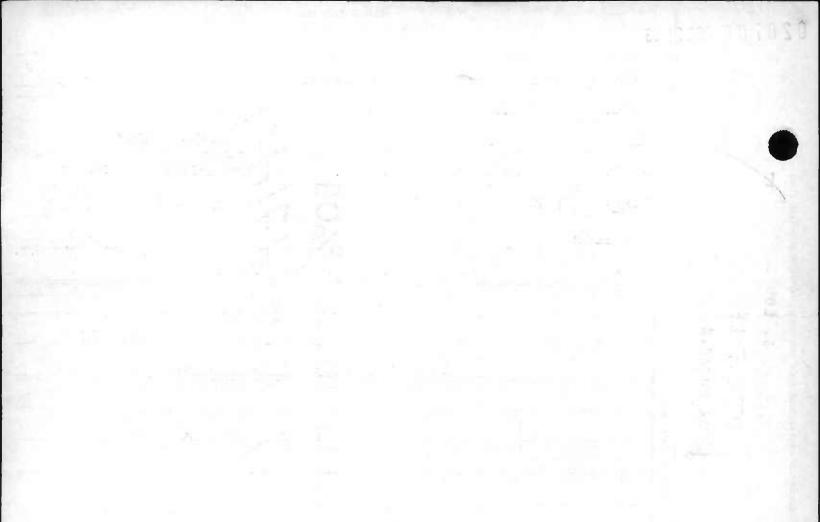
IMPORTANT: If hem 21 is morked or them

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTO., MD.

250. DATE REC'D. BY REGISTRAR 256\_REGISTRAR'S SIGNATURE
DEC 3 \( \text{1986} \)

Tinder Rudales



200 A 200 A

DEC

gl director.

executed within 24 hours after

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11	8 88	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	IENE REG. N	10	,		,	
		CEASED NAME FIRST		MIDDLE	l	AST	2a DATE OF DEATH	MONTH	DAY YEA	R	26 HOL	JR
		Rosabell			m	115		12	13 80		12	15 M
	3. SEX		4 RACE		5 DATE C	DE BIRTH	6 AGE (IN YEARS LAST BI	(THDAY)	MONTHS D	_	HOURS	MIN.
		Female	Blan	ck	Ма	rch°18 1911	75	YRS				
-	7a. BIF	RTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATI	1		
)		Maryland	USA		WIDOWE	DIVORCED	How	ard	Coun	14	'	MD.
	-	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADORESS)	DROTHER INSTITUTION	(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUST		BUSINE	ESS OR
		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION			neral Hospital	10/17	100,112	-16	7/	_	-
	13a S	TATE 136 COL		(olumb	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIPCOD	P. Fr	94	24	5
	14. FA	THER'S NAME EdWard	WIDDIE 1	hornton		15. MOTHER'S MAIDEN NAA Ki 2型 1 e	WE	Whi	te	LAST		
4	160 VA	AS DECEASED EVER IN U.S. A	PMED EOPCES?	16b SOCIAL SECU	DITY NO	17 INFORMANT	ADDR					
			GIVE WAR OR DATES	216-36-					nd Ba	nks	s R	d.
		18 CAUSE OF DEATH (Enter of	anly ane cause per	Me ar (a), (b), and	l icu				APF BETW	ROXIM	ATE INTER	RVAL DE ATH
		PART I. DEATH WAS CAUS	SED BY: / ATE CAUSE (a)	Kenzl	Fallu	~~				Im	w	`
		() (I) (I) (I)		R AS A CONSEQUE	NICE OF							
		Canditians, if any, which	( (b)	The per Four		CEV diwas cu	la distre	c		h	ay	
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE						0		
		PART 2. OTHER SIGNIFICANT	(0)	NITRIBUTING TO D	E A TU DI IT	NOT BELATED TO THE TERM	IN AL DISEASE OR CON	DITIONIC	IVEN IN DAD	T. 1.		
	NOL	77 1 1	-1((, (m	JNIRIBUTING TO L	ZEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION G	IVEN IN PAR	Har		
7	CERTIFICATION	190. DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FIN TRYING CAU YES 🎞	IDINC SES C	SS USEI OF DEAT	TH?
4		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EAIN	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR				21		
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION	-0.0					
	W	WHILE NOT WHILE AT WORK	(AT HOME, STE	EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	)WN	COUNTY		\$	STATE
		220.1 certify that (1) (this has	A1 .		6	, 19	to _ Jew	ha	19 46	th	at (h (	we) last
-		saw the deceased alive a above, (H) (we) (did) ( <del>did)</del>	n Decu	after death	, aı	nd that in (my) (our) apinian o	death occurred an the d	ate and ho	our and fram	the co	uses sto	ated
		226 SIGNATURE				DEGREE			22c D	ATE SI	IGNED	
1		Mure	Jan	he m	7	ATTENDING PHYSICIAN	MEDICAL STA		1/2	-13	5-8	3
		224 PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS		A :				
		Charles 6	Jaylor	Mg		2 Knoll Por	the Drue (	war	13.2 M	10	210	45
		URIAL, CREMATION, REMOVA	1 236. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY		S	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detache with the State Dep MPORTANT, II II

24 FUNERAL DIRECTOR

Douglass

Mc Culloh

750 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEC 1

2721 (12112)

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Designation - Ballen Sales BE. Ocsi-Liegoch wenn and and Cladet? Mark Trade at the 1977 Annual according

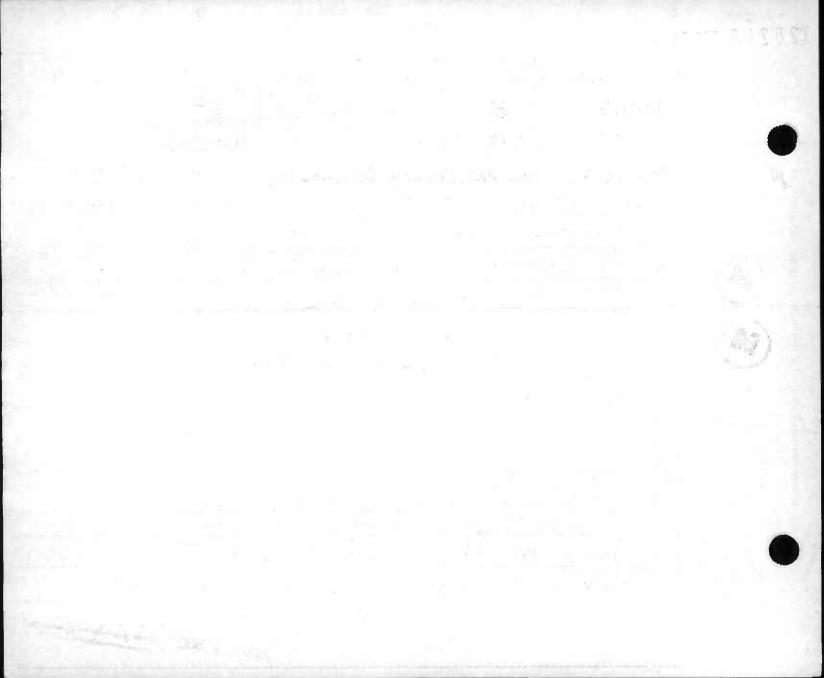
STATE	OF	MARYLAND
00000	0.	ITTENTO CONTINUE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EC 25	08	STATE REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST JI	ULIAN WEBSTER		December 3,1986 2-0	3-86 415 P
	_	MALE	RIOI	JARY30, 1933	53 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
3	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY Virginia	76 CITIZEN OF WHAT COUNTRY? 8 MARRI United States WIDOW	ED NEVER MARRIED	HOWARD	OF DEATH
(F)	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESSOR
18/	USU.	LUMBIA AL RESIDENCE (IF NURSING HOME OR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	)	Retired/Posta	
15	M	laryland How	ard Columbia	YES ★★ NO □	13e STREET ADDRESS / ZIP CODE 4963 Moonfal	l Way; (21044)
10	14. FA	Julian Slyv	ester Montague	15. MOTHER'S MAIDEN NA Ethel	Scranage	LAST
medical		YES NO OR UNKNOWN) (IF YES GIV	MED FORCES?   16b. SOCIAL SECURITY NO.   16b. SOCIAL SECURITY NO.   170		Moonfal <sup>opre</sup> Way, Crances Cross M	
vent, the		PART I. DEATH WAS CAUSE	inly one cause per line for (a), (b), and (c).  ED BY:  TE CAUSE (a)  R C 1 p s r c 2 e r y	Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, ar other traumat	NOI		DUE TO, OR AS A CONSEQUENCE OF  (b) He patic  DUE TO, OR AS A CONSEQUENCE OF  (c) Q CONSEQUENCE OF  CONDITIONS CONTRIBUTING TO DEATH BU		Teum INAL DISEASE OR CONDITION GIVE	N IN PART 1:0
Aus out	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	on was performed	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
marked ar Hem 18 show	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 710. INJURY OCCURRED	_	1		KT I ORPART 2)
rkedo	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
.10		saw the deceased alive an	of view the bod of ir death.	and that in (my) (aur) apinion	death accurred on the date and hour	
IT: If Hen		276. SIGNATURE	mull	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-9-8 G
IMPORTANT: If Hem 21		224 PHYSICIAN'S NAME (TYPE O	orprinti	270 ADDRESS  2 Know Wor	the Columbia N	ND
≥7-		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c. NAME OF Mary 12/13/86 Memo:	CEMETERY OR CREMATORY Land Nationa rial Park	Laurel, P., G. C	COUNTY Many State
7/B4		UNERAL DIRECTOR LATNI 31 Georgia Av	EY's Funeral Home venue, N.W.; Washin	25a. DAT	E REC'D. BY REGISTED 256 REGIST	C SIP

DHMH - 16 60M 7/B4 (VRA 15, 4)

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irector, page 3

Tunerol within 72 h

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CO		FOR STATE PREGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	GIENE REG. NO		
	(TYPE	CEASED NAME FIRST ORPRINTS  Annabell		LAST	20. DATE OF DEATH N	AONTH DAY Y	20 HOUR S
4	7a. BI	Female	White  B CITIZEN OF WHAT COUNTRY? 8.	ATE OF BIRTH  MONTH & DAY  TOTAL  DAY  1966	6 AGE (IN YEARS LAST BIRTH	YRS.	DAYS HOURS MIN.
4	(	Ohio	YI < A MA	ARRIED   NEVER MARRIED	Howard		MD
	C	olumbia	11. NAME OF HOSPITAL, NURSING HO	Gen. Hospital	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDU	HONE
5	13a. S	AL RESIDENCE (IF NURSING HOME OR O	13c CITY OR TOWN	YES NO	130.STREET ADDRESS /	ZIP CODE	21797
Z	14. FA		Strugged	15 MOTHER'S MAIDEN NA	WIDDIE	white	t AST
		VAS DECEASED EVER IN U.S. ARM YES, NO ORUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY MAR OR DATES! 401 90 33	97 WM Chr	andles	S	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		vasular	accidens	L 06)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), starting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	OF Charl	Failur BMahi	4	
	NOI	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PA	ART Ito
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES [	
1	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M.	ZEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART TORPA	ART 2)
	MEC	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ET		CITY OR TOW	N COUN	NTY STATE
	×	22a.l certify that (1) (this haspital saw the deceased alive an abave	10 ()	, 19 0 c	death accurred an the dat		, that (I) (we) lost im the causes stated
		226. SIGNATURE  226. PHYSICIAN'S NAME (TYPE OR	Kelreenen	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICI.		2/25/11
/		Moges (	ses remare				
	23a B	BURIAL CREMATION, REMOVAL	12-29-86 Bell	e fonte Mem. GAR	23d LOCATION CIT R TOWN CUSSEL	eounty	Ky

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL

BP.

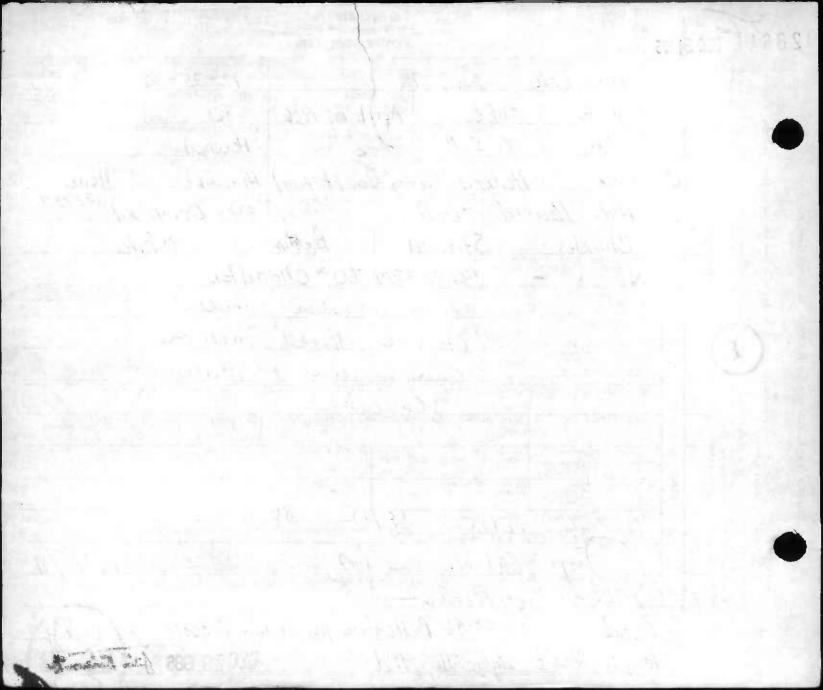
PORTANT, # hem 21

Haight Sylasville, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAP'S SIGN

DEC 2 9 1986

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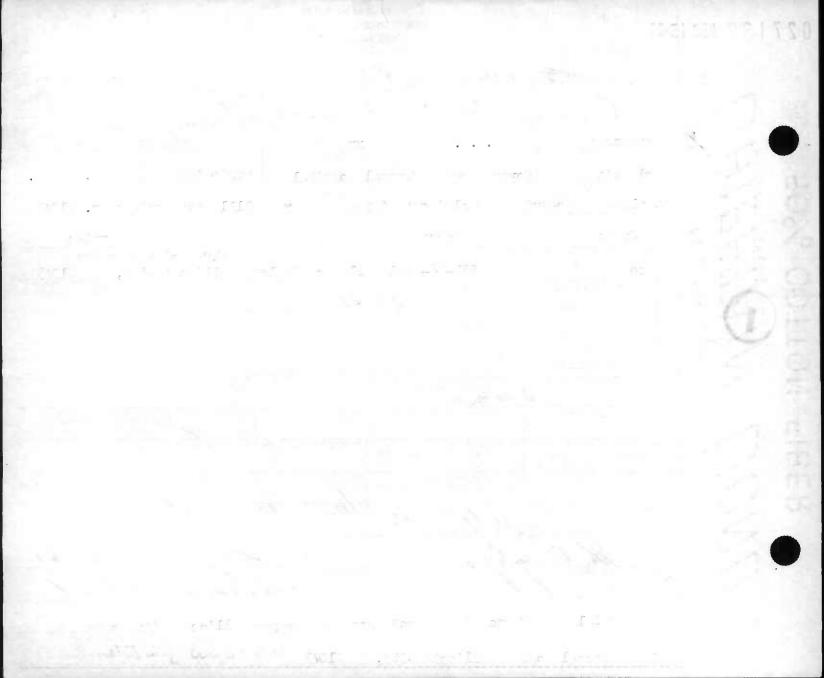
	5184	STATE REGISTRAR			DEPARIN	CERTIF	ICATE OF DEATH	SIENE	REG. NO.					
1		OR PRINT)	FIRST		MIDDLE		AST	20. DATE OF	DEATH *	NONTH	DAY Y	EAR	26 HOUR	?
	1.111	6	A.	V Esthe	1	12	ters		12		5 FC		6:2	JM
2	3. SEX	(		4 RACE		5. DATE C		6. AGE (IN YE	ARS LAST BIRTH	DAY)	IF UNDER	1 YEAR DAYS	IF UNDER 2	A IN
		1-		/		MONIF	3 29	1	-	YRS.	MONTH	DATS	HOOKS	MIN.
		RTHPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMO	RE CITY OR	COUNT	Y OF DEA	TH		
ß	T	ennessee			5.A.	WIDOWE	DIVORCED		No	1462				MD.
Ş	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL C					F BUSINES	S OR
Š	The same of	olumbia		Howard	County Ge		l H <b>o</b> spital	Custo				d.	of E	d.
100	13a. S	AL RESIDENCE (IF NURS TATE ryland	HOWAI	ITY	13c. CITY OR TOW Ellicott	N	13d. INSIDE CITY LIMITS? YES NO	130 STREET A	West			)r.	2104	3
١	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE			1057		
4		James		· · · · · · · · · · · · · · · · · · ·	Perry		Nancy					rste		
i		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU		17 INFORMANT	42	2090088	ileg	e Ave	enue	2	
g		no	(11 123, 311		213-26-32	241	Clayton Tayl	or El	licot	t Ci	ty.	D.	2104	3
		18 CAUSE OF DEAT	H (Enter on	ly one cause pe	r line far (o), (b), and	dice.					BET	PPROXI	MATE INTERV	AL DEATH
		PART I. DEATH W		D BY: E CAUSE (a)		141	rote							
1				DUE TO, O	R AS A CONSEQUE	NCE OF								
1		Canditians, if any,		(b)										
1		gove rise to imm couse (a), statin	ig the	DUE TO, O	R AS A CONSEQUE	NCE OF								
		underlying cause	last.	(c)_										
ME	NO	PART 2 OTHER SIGN	VIFICANT C	1/ 0 /	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	OR COND	ITION GI	IVEN IN PA	ART 1ro	,	
	CERTIFICATION	190 DATE OF OPERA	TION			OPERATIO	N WAS PERFORMED	20a AUTO	PSY?		ES, WERE			
	TE							YES 🗀	NOD		IFYING CA	AUSES	NO []	17
	CER	210. ACCIDENT WAS UND		110110	OF INJURY M. MONTH DA	V VEAD	21¢ HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY	IN ITEM 18	PART I OR PA	ART 2)		
	AL	OR CONTRIBUTING ()		IH	.M. MONTH DA	19								
	MEDICAL	21d INJURY OCCUR		71e PLACE	OF INJURY		21f LOCATION STREET		CITY OR TOW	N	COUN	JIY	ST	ATE
	\$	WHILE NOT WH	HLE	(AT HOME ST	REET, FACTORY, OFFICE, F.	ARM, ETC )	1/			1			3,,	
		22a 1 certify that (1)	(this hospit	tal) ottended th	ne deceased fram_		1/130 19 8	6 , ta	121	1	. 19.	. 1	that (I) (w	e) last
		saw the decease abave, (I) (we),(e	ed alive on did) (did nat	) view the bady	ofter death.	+ 4 . ar	nd that in (my) (aur) apinian	death occurred	d an the dot	e and ho	our an <b>d f</b> ra	m the c	auses stat	ied
		226. SIGNATURE	101	17 /			DEGREE				224	DATE S	SIGNED	-
		We,	11.	refin	200		ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF  PHYSICIA		/	2/	1- 1	6
1		22d. PHYSICIAN'SIN	AME (TYPE O	RP9INT)			27e ADDRESS	11				/		
		Coare	1 /1	Sell			11055 641/	c/6+4.	a 1		(01.	64	conf	
		URIAL, CREMATION,		23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCA	TION		COUNTY		¢ 7	ATE
		Burial		8 Dec	86 Gc	od Sh	epherd Cemete	er Fil	icott	Cit	v How	ard		
н	24 FL	INERAL DIRECTOR						TE REC'D. BY R	EGISTRAR 2					

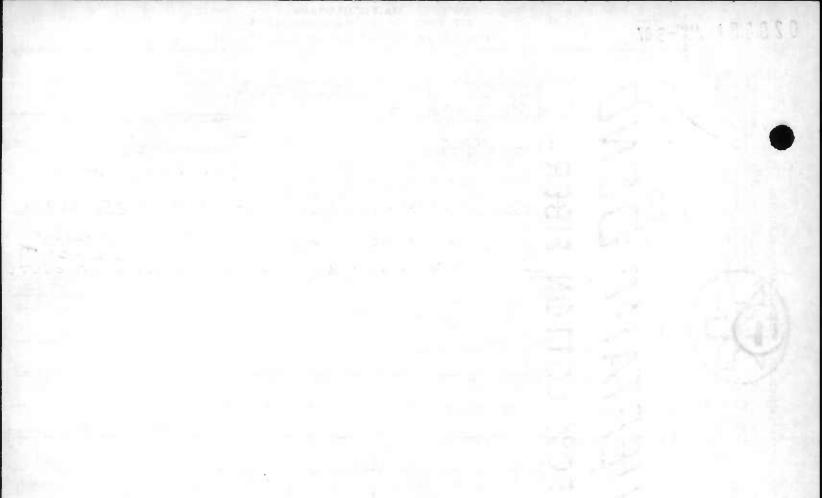
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(VRA 15, 4)

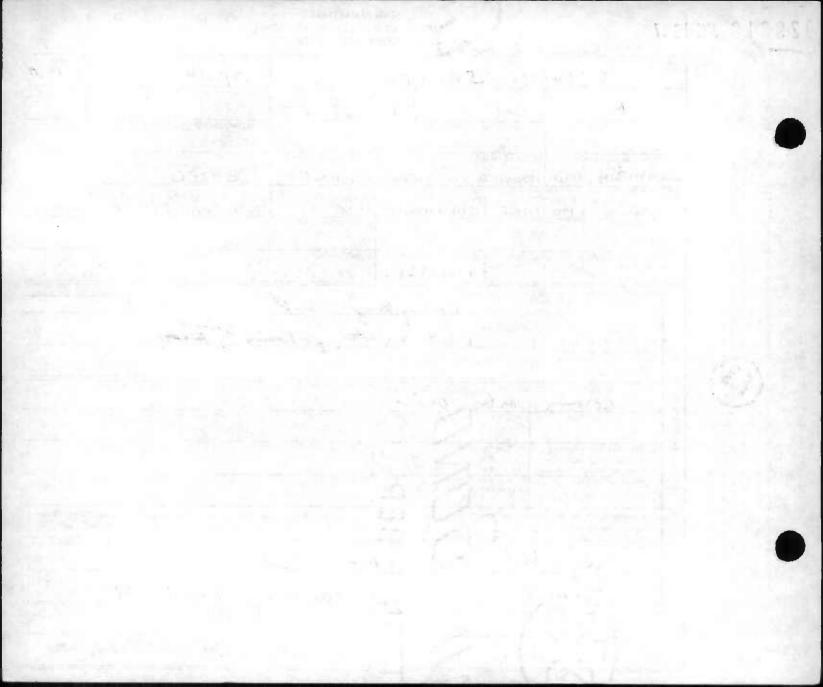
Funeral Home

DEC 1 2 1986 Julia Dendon Rado





		REGISTRAR SAME CEASED NAME EOR PRINT	~ ·	IDDLE	LAST		REG. NO	MONTH DAY	Y YEAR	2b HOUR
deoth	(1177	5 C Hu	Antz,	SAMH	5L		12/26/86			2 10 1
softer	3. SE	M	4. RACE		5. DATE OF BIRTH	YEAR OS	6. AGE (IN YEARS LAST BIRTI	HDAY) IF MO	UNDER I YEAR	HOURS MIN.
12 hou	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)  New York	76 CITIZEN OF V	VHAT COUNTRY?	MARRIED NEVEL	R MARRIED DIVORCED	9 BALTIMORE CITY OF Howard	COUNTYO	F DEATH	JM.
3	10. 0	LUMBIA, MD	11. NAME OF H	FACILITY, GIVE STREET A	G HOME OR OTHER IN		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING (IFE)	17b. KIND OF INDUSTRY	BUSINESS OR
R	134			GIVE RESIDENCE BEFORE . 13c. CITY OR TOWN COLUM	BIA YES Y	CITY LIMITS?	130 STREET ADDRESS / 70 80 CRAD	ZIP CODE	# 1020 CR	21045
13	1	ATHER'S NAME FIRST Bennett	MIDDLE	Schwartz	15. MOTHE	R'S MAIDEN NA FIRST	WIDDIE		LAST	
medica)		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, I Unkn.	ARMED FORCES? GIVE WAR OR DATES)	2 16059			1301 Schwartz	Dela	ware, ington	S.W. , D.C.
1		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per l	line for (a), (b), and	l (cs.)		_		BETWEEN	MATE INTERVAL INSET AND DEATH
1		Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF	porte	mynny free	180		
prior to Burell's and ony miles from	ATION	gove rise to immediate	T CONDITIONS CO	INTRIBUTING TO D	EATH BUT NOT RELAT		AINAL DISEASE OR COND	20b. IF YES, V	WERE FINDIN	GS USED
ows o	TIFICATION	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  Communications of the country o	T CONDITIONS CO	INTRIBUTING TO D	EATH BUT NOT RELAT		•	20b. IF YES, V	WERE FINDIN	GS USED
18 shows	CERT	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	I CONDITIONS CO	NTRIBUTING TO D	EATH BUT NOT RELAT OPERATION WAS PERI	FORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYI YES	WERE FINDIN	GS USED OF DEATH?
shows	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stofing the underlying couse last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITIONS CO	ENJURY  MONTH DA	PEATH BUT NOT RELATION WAS PERIOD	FORMED INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFYI YES	WERE FINDIN	GS USED OF DEATH?
or Item 18 shows	CERT	gove rise to immediate couse (a), stofing the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF I (IF EITHER. NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED  WHILE NOTIFY THAT (I) (this hosaw the deceased alive obove, (1) (we) (did) (did)	T CONDITIONS CO  19b CONDITIONS	FINJURY  MONTH DA  A.  DF INJURY  EEE, FACTORY, OFFICE, F	PEATH BUT NOT RELATION WAS PERIOD	FORMED INJURY OCCUR TION EET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	70b. IF YES, IN CERTIFY! YES Y IN ITEM 18 PAR	WERE FINDIN NG CAUSES (  1 1 OR PART 2)  COUNTY  2 1 ond from the county	GS USED OF DEATH? NO STATE
ched for use os the buriot-stonsit per Dept of Health and Mental Hygiene frem 21 is marked or Item 18 shows	CERT	gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  71a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a I certify that (I) (this hose we the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	IPB CONDITIONS CO IPB CONDITIONS CONDI	FINJURY  MONTH DA  A.  DF INJURY  EEE, FACTORY, OFFICE, F	OPERATION WAS PERI  Y YEAR  19  21f LOCA  STR.  DEGREE	TION  TION  TO Joy (our) opinion  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	70b. IF YES, IN CERTIFY! YES YIN ITEM 18 PAR	WERE FIND IN NG CAUSES (	GS USED OF DEATH? NO STATE
tem 21 is marked or Item 18 shows	CERT	gove rise to immediate couse (a), stofing the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF I (IF EITHER. NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED  WHILE NOTIFY THAT (I) (this hosaw the deceased alive obove, (1) (we) (did) (did)	IPB CONDITIONS CO IPB CONDITIONS CONDI	FINJURY  MONTH DA  A.  DF INJURY  EEE, FACTORY, OFFICE, F	OPERATION WAS PERI  Y YEAR  19  21f LOCA STR  DEGREE	TION  TION  TO Joy (our) opinion  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CONTERNATURE OF INJUR  CITY OR 10V  death occurred on the do	70b. IF YES, IN CERTIFY! YES Y IN ITEM 18 PAR WN 19 te and hour of	WERE FINDIN NG CAUSES (  1 1 OR PART 2)  COUNTY  2 1 ond from the county	GS USED OF DEATH? NO STATE



FOR - STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

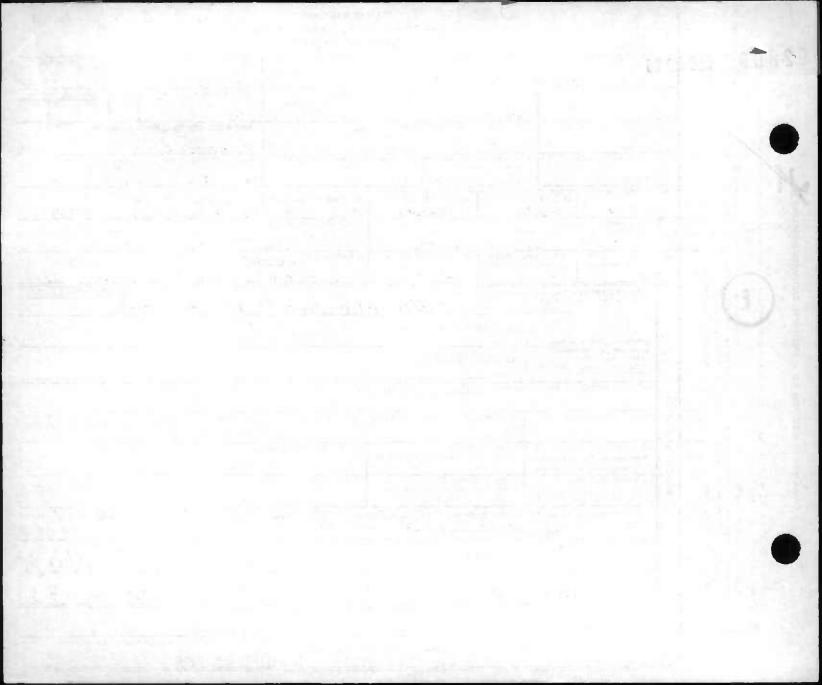
CERTIFICATE OF DEATH

REG NO

5

7. 0

U 9_2 DEC		CRASED NAME FIRST	WIDDLE	U	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be			eRoy Scott, Jr.			December 19.	1986 6:30 AM
1 M	3. SE	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
900		ale	Caucasian	July	y 8, 1921		rs A
2 20		IRTHPLACE   STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIET	X NEVER MARRIED	9. BANTIMORE CITY OR COL	JNTY OF DEATH
138		aryland	USA	WIDOWE		Baltimore Co	
1 11 10	1)0 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET		R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b KIND OF BUSINESS OR INDUSTRY
1 1 0 C		oodstock	3621 Hernwood	Rd.		Retired - Sel	f Employed
9 99 57	13a.	STATE 131 GOOD	OTHER INSTITUTION, GIVE LESIDENCE BEFORE	E ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE
	-		timore Woodsto	ck	YES NO 🖈	3621 Hernwood	Rd. 21163
1 16/12	10	THER'S NAME FIRST	MIDDLE		15. MOTHER'S MAIDEN NAM FIRST	WIDDIE	LAST
	~		L. Scott, Sr.		Heler	1 A.	Shields
p 40 00/			E WAR OR DATES)	JRITY NO.	17. INFORMANT Woodst	cock	MD 21163
		Yes WW	2 214-18-5	640	Mrs. Frances	M. Scott 362	1 Hernwood Rd.
i Fill		8 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	lly one cause per line for (a), (b), an	nd (c).1	/	10.000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1			E CAUSE (a)	asla	uc such	( Cell Garcu	our
£ 200 to		DEE A	DUE TO, OR AS A CONSEQUE	ENCE OF	$\sim 1$	1. 0.	)
de d		Conditions, if ony, which gave rise to immediate	(b)		71	wein	
1 1111		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF			
a de po			(c)				
uire s ber ury.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
1 1 1 1	CATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	ODEDATION	NAC DEDECTIVED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
No per p		THE DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED		ERTIFYING CAUSES OF DEATH?
Z S S S S S S S S S S S S S S S S S S S	CERTIF	210. ACCIDENT WAS UNDERLYING		1V VE 15	21c HOW, INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	
Ta 138 17	13	OR CONTRIBUTING CAUSE OF DE		AY YEAR		4	e g
S W S S S S S S S S S S S S S S S S S S	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TOWN	COUNTY STATE
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC )	ZIKEEI	CHTORIOWN	COOKII
A P		220.1 certify those this hospi	tal) attended the deceased from	, 6	19 56	_, to/2	
2 t t 5		the deceased alive on	1) view the body after death.	86 , on	d that in (our) opinion o	leath occurred on the date and	d haur and from the causes stated
A hos hos tor thed		22b. SIGNATURE	1 A A A		DEGREE		22c. DATE SIGNED
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			1 vooran	V	ATTENDING PHYSICIAN	MEDICAL STAFF	1 /2/19/01
TAN SER	1	22d. PHYSICIAN'S NAME (TYPE C	PRINT)		22e ADDRESS	1 1 0	WH 1100
PORT,		mi	LABR		54000	of Camy	Rd 2-1133
01 22337		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. t	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
BP		(SPECIFY) Cremation	12-20-86 We	stview	Crematory	Catonsville	Baltimore MD
DHMH - 16 60M 7/84	24. F		g Byers Funeral,			REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
(VRA 15, 4)	8		Randallstown,			DEC 23 1986	Train P



#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

١	101	REGISTRAR			CERTIFI	CALEULD	EAIN	REG.	NO.				
ı		CEASED NAME FIRST	M	IDDLE	U	AST		20. DATE OF DEATH	HTMOM	DAY	YEAR	26 HOU	R
I	(1117)	Masa	· V	· S	cott				12	27	80	7.0	ann
I	3 SEX		4 RACE		5. DATE O		45.45	6 AGE (IN YEARS LAST E	IRTHDAY)	MONTH!	DER I YEAR	IF UNDER	
I		r	$\mathcal{B}$		MONIH	2 T	P 7	99	YRS		DATS	HOURS	MIN.
ı		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.	NEVER A	ADDIED []	9 BALTIMORE CITY	OR COUN	ITY OF D	EATH	4.	
I		OUNTRY	US.		WIDOWE	,	ORCED	the me	9	Cou	nl-		MD.
1	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN				120 USUAL OCCUPA	TION			F BUSINE	
	(	Colentral	frew an	FACILITY, GIVE STREET	1 Ser	elly,	6	(TYPE OF WORK FOR MOST	OF WORKING	3 (IFE) IN	DUSTRY	_	
1	13a S	1 0	YTY	THE SITY OR TOW		13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	//ZIP CC	DDE	mp	20	15
4		m1) Itan	nl	Collent	ne	YES 🗌	NO []		Hay	Shan	22	Cole	lu
۷	1	THER'S NAME	MIDDLE >	LAST		15. MOTHER'S	MAIDEN NAM	WE	8	1. 4.	LAS	ST.	
4	1	2019	200	OWN		E112	AJE	AN	100	200	=R		
ı		VAS DECEASED EVER IN U.S. AR res, no or unknown) (IF yes, GIV	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMAL	-/-	M+ ADD	17 6	25	6 G	115	ON,
ı	_	NO		3 17-60	1.568	n	FIMA	/ lilchE	II PA	ARK	Rd	Bali	· Md
ı		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	ine far (o), (b), and	d yell	+ /	. 0			_	BETWEEN	MATE INTER ONSET AND	DEATH
ı	2		TE CAUSE (a)	aver 1	regs	mey to	Um						
ı		888	DUE TO, OR	ASA CONSEQUE	NCE OF	00							
١		Conditions, if ony, which gave rise to immediate	(b)	Levell	5								
ı		couse (a), stating the	DUE TO, OR	AS A CONSEQUE	MCE OF		1.						
ı		underlying cause lost	( Ic)	Fact	₩ (	0 1	y						-
ı		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO [	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN	PART 1	0	
	ě	Jenile The	nenta										
ı	CERTIFICATION	19a. DATE OF OPERATION	196. CONDIT	TON FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?				OF DEAT	
J	RT							YES NO		YES 🗌		NO [	
١	N 100 St 1	210. ACCIDENT WAS UNDERLYING CAUSE OF DE	110110 4 4	INJURY A. MONTH DA	AY YEAR	21c HOW IN.	IURY OCCURR	RED (ENTER NATURE OF IN.	IURY IN ITEM	8 PART I O	R PART 2)	0	
١	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		12 2	19/	fell	UB	~ Jelou	ns f	y tou	ilal	Gar	_
ı	VED.	21d INJURY OCCURRED	21e. PLACE C	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATIO	N	CITY OR I	OWN	C	OUNTY C	700	O.
	-	NOT WHILE AT WORK	Bun	Secure		3000	Nutt	o Kyly R	u,	MO.	210	43	311
١		22a.1 certify that (I) (this hospi	12 10 1	leceased from_	12-17	4/3	., 19		27/	_, 19.	6	that (I) (s	
J		sow the deceased alive on above, (I) (we) (did in the		ifter death.			(aur) apinion o	death accurred an the	dale and h	naur and	fram the	causes sta	ited
s		22b SIGNATURE	· bonia		[	DEGREEMA				2	2c. DATE	SIGNED	
		port	cher			PA	TTENDING PHYSICIAN [	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌		12/	27/1	5
1		22d. PHYSICIAN AME (TYPE C	OR PRINT)	01.		22e ADDRESS					- (		
		JIVAWA B	DE	SILVA		3350	WILL	hay No	mg 2	122	9		
	22. D	LIDIAL CREW TION DEVICE	Tags DATE	[ 122. b	LAME OF C	METERY OR C	25	221 LOCATION		• L	1	1	

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use as with the State Dept. of Health

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TO HOSPITAL

MPORTANT, the front 21 is marked or frem 18 shows any

2311 MARTIN 250.D LIKING AVE, SEAN

wolfiles asset ( state ) Amen's word ( state ) and ( state CHRIAL VASAIDIO, 2311 MARTIN CONTRIBUTE OF STATES AND SELECTION OF STATES AND SELECTION OF SELEC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH REG. NO MIDDLE LAST 2a DATE OF DEATH MONTH 2b. HOUR 12--31--1986 See 8:15P Bell 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF LINDER LYEAR HOURS Oct. 22, 1901 MONTHS DAYS 85 YRS **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Howard County. WIDOWED DIVORCED 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 13e. STREET ADDRESS 134 INSIDE CITY LIMITS? 2555 Jennings Chapel Rd.21797 Woodbine YES 🗌 NO X 15. MOTHER'S MAIDEN NAME

Daisy 3 SEX 4 RACE Female White JE BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY Maryland 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FNOT IN SUCHEACHITY, GIVE STREET ADDRESS)
2555 Jennings Chapel Rd. Woodbine USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN Maryland Howard 14 FATHER'S NAME MIDDLE LAST Duvall Joseph Etta Grav Mary 1000s Heather Hieghts 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 330-26-2151 Sykesville, Md. 21781 No Joyce M. Bowman. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line factor, (b), and ic PART I DEATH WAS CAUSED BY mator IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 70b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 714 INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK Voumber 22a I certify that (1) this haspital attended the deceased from. 19 86 December 29 saw the deceased alive as December 28 abave. (1) we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN 22e ADDRESS YKESVILLE

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL E should be detach with the State D

24 FUNERAL DIRECTOR

REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

Burial Jan. 3.1987 23c. NAME OF CEMETERY OR CREMATORY Montgomery Meth.

23d. LOCATION

Damascus, Montgomery,

250 DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE

Olin L. Molesworth, P.A., Damascus, Md.

doi:10 007. 15; 170E | 05 . Millian C. Louissell as All Millians and All Millians a 2555 Jenni w Marrel Ma. Commette en \* hoom arginal laund condumn x 2555 contains and Rd. cliff? 330-26-2351 Hoyce . Hewart, Spideville, M. Flyll The temperature of the second L. 19 - N. Civi ... 10-3/10/200 M K MENOY Petras GM BALLINGS AND THE SAME Later the teacher with the same that the sam In a december, a.", established and a seriest

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#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

	CERTIFICATE OF DEATH	REG. NO.		
DD1E	SILUERMAN	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	5. DATE OF BIRTH  MONTH DAY YEAR,	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR

FOR 1 - STATE REGISTRAR			HEALTH AND MENTAL HYD FICATE OF DEATH	REG. NO.	
1. DECEASED NAME [TYPE OR PRINT]	MORTON	MIDDLE	UERMAN	20. DATE OF DEATH MONT	12/86 128
3. SEX	ALE 4. RACE	HITE S. DATE	OF BIRTH  DAY  YEAR  4  3  1	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
BIRTHPLACE (STATE OF COUNTRY)  MARYLAND	RFOREIGN 76. CITIZEN OF	WHAT COUNTRY?   8   MARR   WIDOV		BALTIMORE CITY OR CO	CUONTY OF DEATH
Colum		HOSPITAL, NURSING HOME CHEACUITY, GIVE STREET ADDRESS)	V Genera	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR SALESMAN	IXING LIFE INSURAN
USUAL RESIDENCE (# NUI 130 STATE MARYTIAND	RSING HOME OR OTHER INSTITUTION 13b COUNTY HOWARD	GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN COLUMBIA	130. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE TELL LA. 21044
14 FATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST
(YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES?	ILVERMAN  166. SOCIAL SECURITY NO.		.MARJORIÉ SILV	
	TH (Enter only one couse per WAS CAUSED BY: IMMEDIATE CAUSE (o)	Fareline y	ne fas fares	M TELL LA. COI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
67 L	DUE TO, O	R AS A CONSEQUENCE OF	57 0		

	one couse per line for (a), (b), and (c).)  D BY:  TE CAUSE (a)  Cliebral me fas faces	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (b) Chremema & lung  DUE TO, OR AS A CONSEQUENCE OF	

CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CI SPORK	AT WORK				 	
		ottended the deceased for the body after death.				, that (I) (we) last couses stated
No. Parale	v.for	decine decine	 Fanss			COLONIED

DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) DEC.23,1986 BALTIMORE HEBREW BURIAL

23d. LOCATION
CITY OR TOWN
REISTERSTOWN BALTO.CO MD

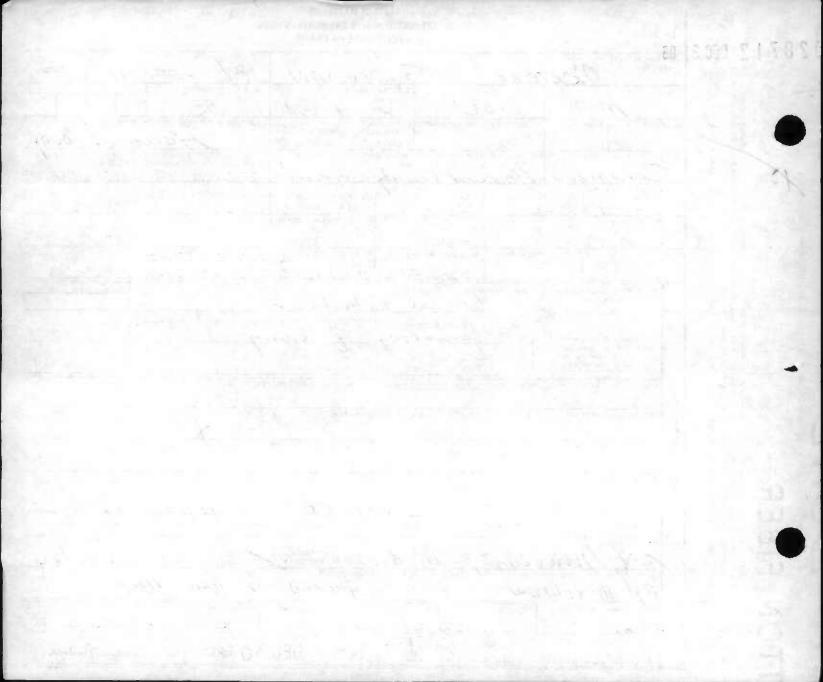
24. FUNERAL DIRECTOR SOL LEVINSON & BROS, INC. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DEC 30 1986 Julia Deviden Rad

MPORTANT:

6010 REISTERSTOWN RD. BALTO., MD

Julia Davidson Randale

O FUNERAL DIRECTOR: should be detact with the State D.



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### STATE OF MARYLAND

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE	REG. NO			
		EASED NAME	FIRST		MIDDLE	L	AST	2a. DATE OF D			AY YEAR	26 HOUR
	(TYPE	OR PRINT)	PEARL		E	30	DITH	0.7	DECEN	BER 1	17, 1984	, N
	3. SEX	(		4. RACE		5. DATE C		6 AGE (IN YEA	RS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
		FEMA	LE	WHI	TE	AUG		, ,	78	YRS.	ONTHS DAYS	HOURS MIN.
		RTHPLACE (STAT	E OR FOREIGN	L CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D B NEVER MARRIED	9 BALTIMORE	CITY OR	COUNTY	OF DEATH	
		PENNSY	LVANIA	4	.S.A.	WIDOWE		Hou	UMED	co	•	MD
1	10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OC				OF BUSINESS OR
	Z	AYTON		5131	GREENBI		RD.		1 /	AUNDRV	COL. V.	NIDN. COL
18	13n. S	AL RESIDENCE (IF STATE PRYLAND	13b COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO	13e.STREET AD	DRESS /		KK RD	21036
ĺ	14. FA	THER'S NAME		NIDDLE	AASY		15. MOTHER'S MAIDEN NA					
)	V	OHN		4.	LEHM	AN	IRENE		AIDDLE		Ho	RST
		VAS DECEASED E VES, NO OR UNKNOWN		MED FORCES? WAR OR DATES)	166. SOCIAL SECU	RITY NO.	FSTHER WHITM	1AN		31 GRCZ	NBRISE ND. ZIC	
		18 CAUSE OF D PART I. DEAT	TH WAS CAUSED	y one cause per BY: CAUSE (a)	line far (o), (b), one Sud	den	Cardiac	Deat	_		4.	MATE INTERVAL ONSET AND DEATH
		Conditions, if gove rise to couse (a), s underlying co	immediate toting the	(b)_	R AS A CONSEQUE	ng:	s tanding	hyper	ten	2) (1)		
	NO	PART 2. OTHER	SIGNIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE (	OR COND	ITION GIVE	N IN PART 110	a ·
	CERTIFICATION	19a. DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPS	NO <b>X</b>		WERE FIND N	
			S UNDERLYING CAUSE OF DEAT	11		Y YEAR	21c. HOW INJURY OCCUR					
	MEDICAL	AT WORK A	T WHILE		REET, FACTORY, OFFICE, FA		211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
		saw the dea	nt (I) (this haspite ceased alive an	-	deceased fram		nd that in (my) (aur) opinian	death accurred (	on the date	e and haur		that (we) last couses stated
		22b. SIGNATURE		New the body	A M		DEGREE				22c. DATE	

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

24. FUNERAL DIRECTOR BP.

injury, or oth

DHMH - 16 60M 7/B4 (VRA 15, 4)

LACK FURTH HOME!

23b. DATE

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

CHAMBERSBULG MENN.

CHAMBERS

DIRECTOR PHYSICIAN



STATE OF MARYLAND

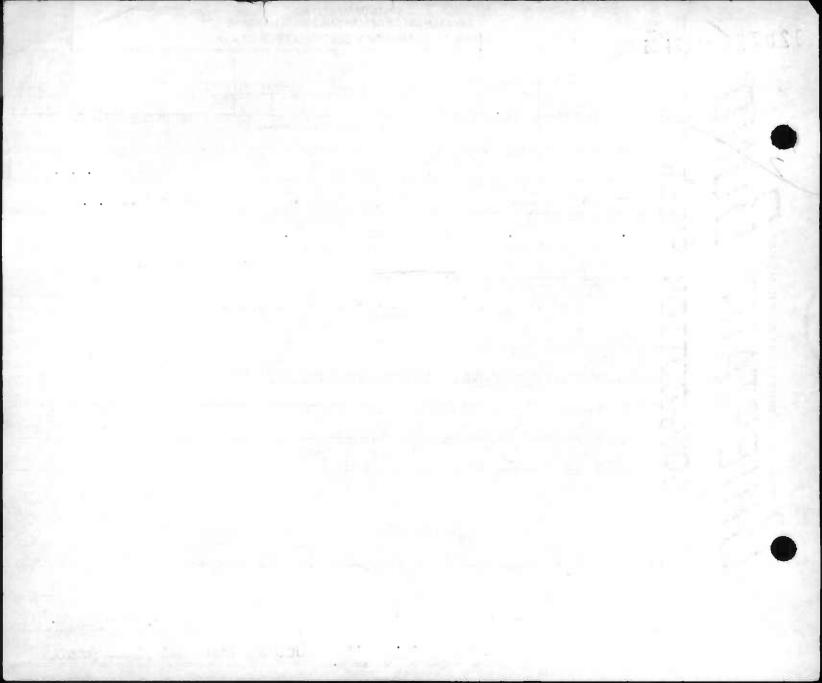
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- n	15	FOR STATE REGISTRAR			DE			EALTH AND MENTAL HYG ICATE OF DEATH		6. NO.	· ·		1 9	
		CEASED NAME	FIRST	Car	MIDDLE M.	Spamer	Jŕ	AST .	20 DATE OF DEAT	Н монтн	DAY	YEAR	2b. HOL	IR
			Car		m		3	Punk		Dec	10	84	1:14	AM
	3. SE	Х		4. RACE				F BIRTH	6. AGE INYEARS LAS			RIYEAR	IF UNDER	
-		Male		White			MONTH 7	19 29	57	YRS	MONTHS	DAY5	HOURS	MIN.
d	To. BI	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COL	INTRY? 8		VI -	9. BALTIMORE CIT		Y OF DE	ATH		
3		COUNTRY) Maryland		U.S.A.			ARRIED	NEVER MARRIED DIVORCED	Howard C	Cuntu				AAD
ī		ITY OR TOWN OF DE	ATH	11. NAME OF		NURSING HO	MEO	ROTHER INSTITUTION	Howard (	PATION	12b.		F BUSINE	MD.
	Co	olumbia				VE STREET ADDRES		l Hospital	(TYPE OF WORK FOR MO	OST OF WORKING		USTRY	0	0 17 11
	USU.	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDEN	CE BEFORE ADMIS	SION)		1			ITO.	1589	&FA
V		Maryland	13b. COUN		13c CITY C		1		13e STREET ADDRE		_			
4		ATHER'S NAME	Howa	II U	1 (01	umbia		YES NO NO NAME NO NAME NAME NAME NAME NAME NAME NAME NAME	9426 Dian	ondbac	k Dr	. 2	045	
V		FIRST	_	WIDDLE	(,	AST		FIRST	MIDDI	E		LAS	Ť	
4	160 V	VAS DECEASED EVER		er Sr.	III SOCIA	AL SECURITY N	10	Adelaide 17 INFORMANT	Ackerman	DRESS				
1		YES, NO OR UNKNOWN)	(IF YES, GIV	WAR OR DATES)										
		Yes	Kore	an	216	24 888	5	Mrs Joan Spa	mer 9426	Diamon	dhac	k Dr	- 2	045
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	y one couse per	line for (o)	(b), ond (c).)		. h. s			-8	ETWEEN (	MATE INTER	DEATH
				E CAUSE (o)		Valia	ma	nt Melanona				6	400	ul-
				DUE TO, O	R AS A CON	NSEQUENCE (	OF						0	
		Conditions, if ony gove rise to im- couse (a), statis underlying couse	mediate ng the	1	R AS A CON	NSEQUENCE (	OF						1	
	NO	PART 2 OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTIN	NG TO DEATH	BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN I	PART III	· ·	
Ī	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR	WHICH OPER	ATION	WAS PERFORMED	20a AUTOPSY?		ES, WERE			
	TIFIC	198	0		mel	Con.			YES NO		IFYING (	AUSES	OF DEAT	
7	CER	21m. ACCIDENT WAS UN				- GAV		21c HOW INJURY OCCURR	- 16		Second .	PART 2)	,,,,	-
		OR CONTRIBUTING		10	M. MONT	TH DAY Y	EAR 19							
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY			211 LOCATION						
1	X	WHILE NOT WE AT WO	HILE	(AT HOME, ST	REET, FACTORY,	OFFICE FARM, ET	C)	STREET	CITY O	RTOWN	CO	YIMIY	5	TATE
1		22a I certify that		ol) ottended th	e decensed	from		10.8/	10 /	2/10	10 8	6	that P (v	un Village
4		saw theedeceas	ed olive	() 0	- 9		one	that in (my) (our) opinion o			uu and fr	om the	not en ly	ve) lost
		obove,(I) (we) (	did) (did i) of	view the body	ofter death			EGREE			_		SIGNED	
			+11	Col	1			ATTENIDING	MEDICAL S	TAFF _	1.0		10-8	11
-		22d PHYSICIAN'S N	AME LIVE OF	POINT	ye	din.			DIRECTOR PH			12-	10-8	-
Λ					4			7055	Chaurok			-79		
-				ET-VV	4-				1. cett (.	TYLLE	7 200	345		
	Z3a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE				METERY OR CREMATORY	236 LOCATION CITY OF TOWN		COUNT	Y	5	TATE
	0.4	Buria		DEC 1	2'86	Cre	stl	awn Cemetery		oward				
	74 FL	JNERAL DIRECTOR -	darry	H Witzk	e & F	amily I	Fun	aral Home 250 DATE	REC'D. BY REGISTA	AR 250 REGIS	TRAR	IGNAT	IRE PAGE	8.
1	In	c 1112 01	1 Colu	mbia Di	Lo Et	110044	O.	L. UE	C 1 2 1986	: pue ca	Charge	M. Sack	Particular Control	-d

DHMH - 16 50M 4/83 (VRA 15, 4)

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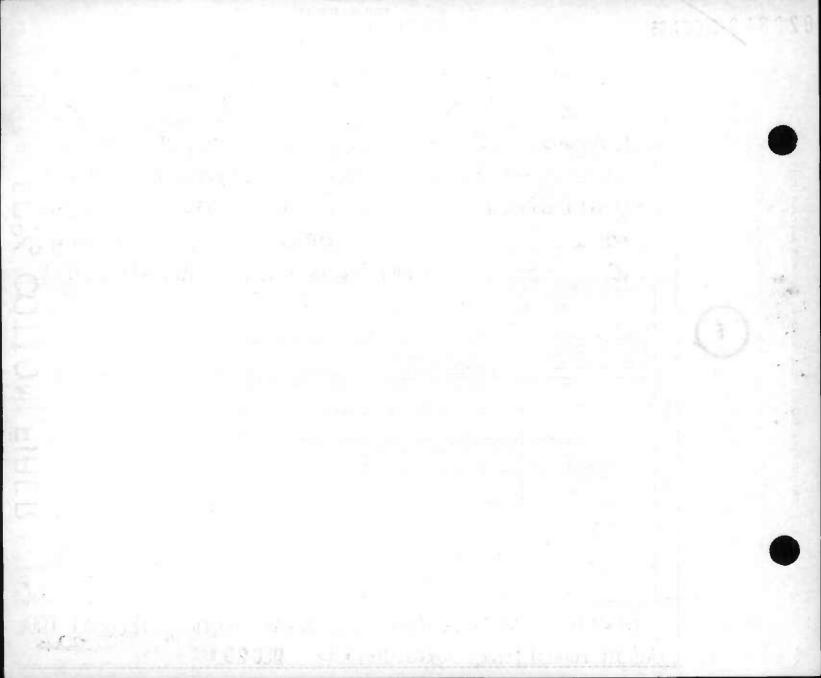
# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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028	643263	89	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 6 3	3 3 6 3
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	y be oge 3 deoth	1,	Lillie	Marie	Strader	12.	26 86 9 MM
	Page 4 may	3 SEX	Female.	White	5. DATE OF BIRTH  MONTH DAY YEAR  12 17 3 7	6. AGE (IN YEARS LAST BIRTHDAY)  4 8 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	death. Po	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY),	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	County MD
10	Softer d	10 CI	olumbia	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 126 KIND OF BUSINESS OR INDUSTRY  JEWEIN
ND 212	24 hour	130 S	L RESIDENCE (IF NURSING HOME OR TATE ) 131 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO	WN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COIL	
AARYLA	d within	) FA	THER'S MAME	MIDDLE LAST	15. MOTHER'S MAIDEN NO.		LAST
RE, A	ecuted es los		AS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT	ADDRESS	Kamey
IWO	S. Poge	1	ES NO OR HINNOWN) (IF YES, GIV	212-36	1401 Tammy A. F	borro Middle	burn mo
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	equires that the death certificate in signed by the ottendang advance. Then please tenos como paper to buriol, or handle injury, or other readings.	NOI	Canditions, if any, which gave rise to immediate couse (a), stoling the underlying cause last.	DUE TO, OR AS A CONSEQ  (b) Consum of the consequence of the consequen	UENCE OF Hepate Failed	t common condition of	RIMOXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECO	The low reicion.  te has been sait permit.  finans only in the prior pri	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	h operation was performed	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
OF VITA	physical Hyper 18 m 18 m		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	
IVISION	ING PHYSIC of a strain of the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
٥	3 0 8			ital) attended the deceased from	Dec 20 1986	, to Dec 26	, 19 FC , that (I) (we) lost
	R ATTENI hospital RECTOR: red for us pt. of He em 21 is		sow the doceased alive an obove (I) (we) (did) (did no	at) view the bady ofter death	, and that in (my) lour) apinior	death occurred on the date and ha	our and from the causes stated
	ALOR, the horder detached of EDept		22b. SIGNATURE	Jung	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/20/8
	TO HOSPITAL OR A etoined by the hos TO FUNER, DIREC should be detoched with the State Dept.		Arash (.	Costman	22 S. 610.	.n. St B.H.	ms 21205
	5 5 5 2 3 ₹		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY AMIL
	BP		BURIAL	112-30-86 (	Jak Grove Cemete	141 Glenela t	tabard 1110
	DHMH - 16 60M 7/84 (VRA 15, 4)	1	Haiant Funera	u Home Süke	suille, MD 1230 DA	EC 29 1986	Dander Cooking

Funeral Home Sükesville, MD



PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED MEDICAL STAFF **ATTENDING** PHYSICIAN DIRECTOR 22e ADDRESS KNOLL NORTH KELEMAN OLUMRIA 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION George Washington Mem. Pk. 12/13/86 Burial Paramus FUNERAL DIRECTOR Russell C. Witzken Funeral Homes P. 1250 DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE 5555 Twin Knolls Road, Columbia, MD. 21045

2b. HOUR

12b. KIND OF BUSINESS OR

Richards

Same as # 13

APPROXIMATE INTERVAL

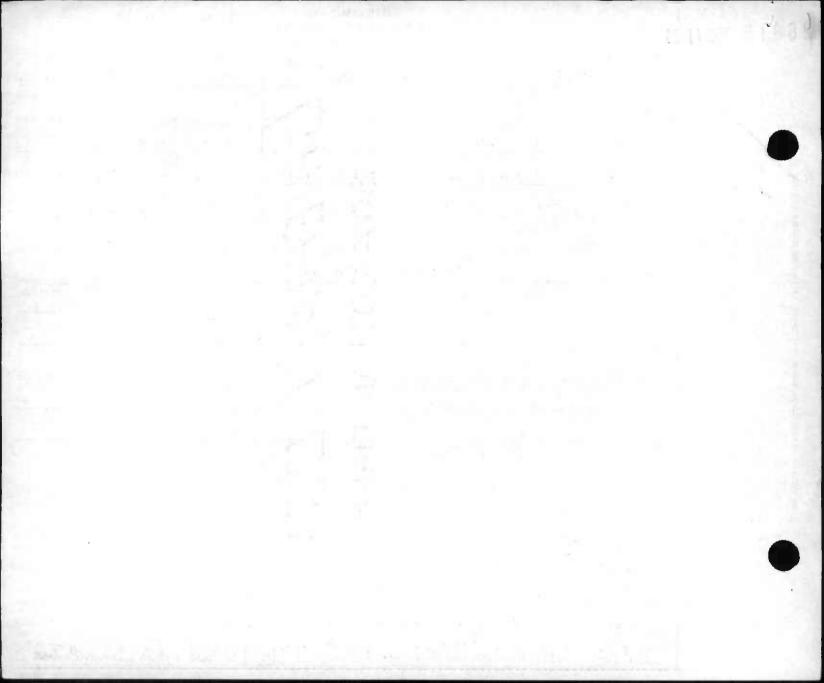
IF LINDER LYEAR

INDUSTRY

9:00 Am

IF LINDER 24 HRS

DHMH - 16 60M 7/B4 (VRA 15, 4)



4112 Columbia Pika Ellicott City 21043

(VRA 15, 4)

noskrini kunsi kunsi Harrison of last the Cartain Park Salto WESTERN. ALL Columbia Pine Hildcort Cike 11043

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2, 201	2
	9
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death criticate be executed within 24 havrs after death. Page 4 may be retained by the hospital or attending physician.	00
TO FUNERAL DIRECTOR, After this certificate has been signed by the attending any clain and campletely filled in by the funeral director, page 3	3

## STATE OF MARYLAND CERTIFICATE OF DEATH

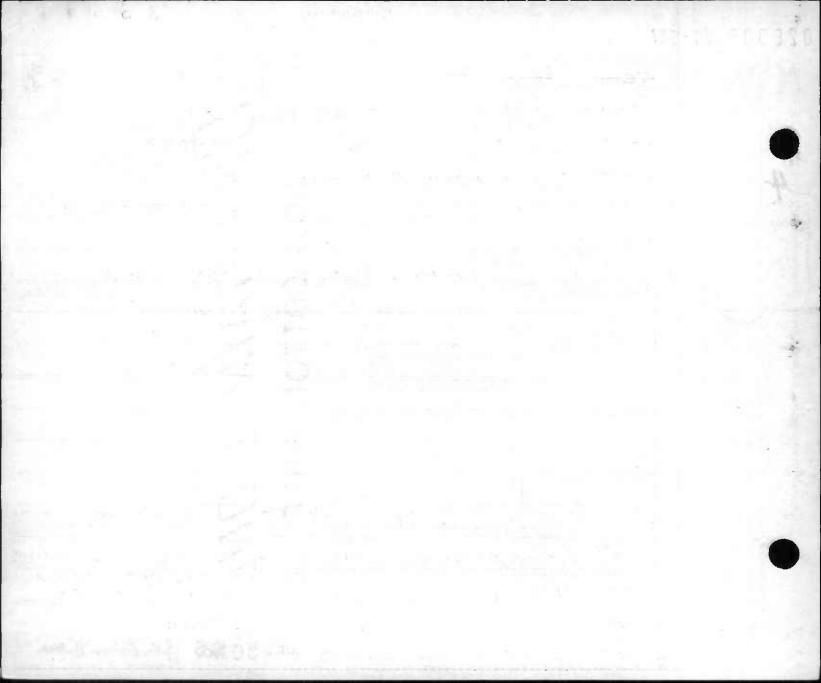
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CERTIFICATE OF DEATI	REG. NO.		
DECEASED NAME (TYPE OF PRINT)  PEARL	ARL K IX	TENG	12 - 21 - BL	40	
Female	COCI ENTAL	S. DATE OF BIRTH  MONTH  DAY  VE  VE  VE  VE  VE  VE  VE  VE  VE  V	AR MC	UNDER YEAR IF UNDER 2.	
CHINA	CHINA	MARRIED NEVER MARRIE	- Hannar	DF DEATH	
Columbia	1. NAME OF HOSPITAL, NU (IFNOT IN SUCH FACILITY, GIVE S	IRSING HOME OR OTHER INSTITUTION GENERAL REPORTS	(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINES INDUSTRY	
USUAL RESIDENCE (# NURSING HOME OR O 30 STATE 136 COUNT VIRGINIA FAIRFA	THER INSTITUTION, GIVE RESIDENCE IN THE STREET OF THE STRE	TOWN 13d INSIDE CITY LIM FIELD YES NO [		(22150)	
UNOBTAINABLE 60 WAS DECEASED EVER IN U.S. ARM		15. MOTHER'S MAID FIRST UNOBTAT SECURITY NO. 17 INFORMANT	WIDDIE	LAST	
(YES, NO OR UNKNOWN) (IF YES, GIVE )	226-04-		NG/7520 JUNE ST/SPRIN	GFTELD VA	
	DUE TO, OR AS A CONSI	H. Dancre	alic Carcinoma  ate Primary  Halange  HETERMINAL DISEASE OR CONDITION OFFER	V IN PART Tra	
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORMED	YES NO YES		
OR CONTRIBUTING CAUSE OF DEATH	P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T   OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STA	
270.1 certify that (I) (this haspital) attended the deceased from 12 of 19 66. to 19 66. that (I) (we) los saw the deceased alive an 19 66. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above. II (we) laid (did not view the body after death.					
22b. S GNATURE	apaga	DEGREE ATTENE PHYSIC		22c. DATE SIGNED	
A. DIVAK	ARUN	1 Colu	806 Hickory #	210 x 4	
		LEE CREMATORY	WASHINGTON	COUNTY STA	
30 BURIAL, CREMATION CREMATION FUNERAL DIRECTARY	DIVAK NATION, REMOVAL ON CTOR	12/27/86 1.2/27/86	AN'S NAME (TYPE OR PRINT)  270 ADDRESS TO COLUMN  ANTION, REMOVAL 236, DATE  236, NAME OF CEMETERY OR CREMA  270 ADDRESS TO COLUMN  ANTION, REMOVAL 236, DATE  272 ADDRESS TO COLUMN  ANTION, REMOVAL 236, DATE  124 ADDRESS TO COLUMN  LEE CREMA TORY	AN'S NAME (TYPE OR PRINT)  220 ADDRESS TO BOG HICKORY  COLUMBIA  LEE CREMATORY  L	

BP. OHMH - 16 60M 7/84 (VRA 15, 4)



## STATE OF MARYLAND

DEPARTM	CERTIFICA			IENE O	REG. N	10.	-		•	
DDLE	LAST		7	2a DATE	OF DEATH	HINOM	DAY	YEAR	25 HOL	JR.
М.	THU	MAN			12	10	8	0	11	20
	5. DATE OF BI	RTH		6. AGE (IN	YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	Zi HR
	MONTH	DAY	YF AR	ĺ			MONTHS	DAYS	HOURS	MIN
te	May	1.7	02		84	YRS				
HAT COUNTRY?	MARRIED -	NEVER	MARRIED -	9 BALTIM		OR COUNT	Y OF DE	ATH		

Maryland WIDOWED DIVORCED T B CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Columbia

Whi

76. CITIZEN OF W

Homemaker 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 906 Wilton Drive, NOX

Baltimore Maryland Arbutus MIDDLE LAST Louis Flaig

Agatha 166 SOCIAL SECURITY NO 17 INFORMANT

15. MOTHER'S MAIDEN NAME

MIDDLE

219-56-3158 Mary Riddle, 4847 Carmella Drive 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c

PART I. DEATH WAS CAUSED BY carlia a amest IMMEDIATE CAUSE Conditions, if any, which

12 # 124

116 KIND OF BUSINESS

21227

Miller

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

congestive	heart failure	, metabolic ac	icher's, al	iguia
190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

gove rise to immediate couse (o), stating the

underlying

CERTIFICATION

DECEASED NAME

Female

To. BIRTHPLACE (STATE OR FOREIGN

TYPE OR PRINT

COUNTRY

13a. STATE

3. SEX

EIRST

Teresa

4 RACE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR NG CAUSES OF DEATH?

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 12 10 22a I certify that (I) (this haspital) attended the deceased from,

211 LOCATION CITY OF TOWN

saw the deceased alive on

about (1) (we) (did) (did not) view the body after death. 226. SIGNATUR DEGREE MY

12/10

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING

TOTE

22e ADDRESS 10772 HELCORY TROVE RO, COLUMBA

230 BURIAL, CREMATION, REMOVAL

23b. DATE 12/13/86 23c NAME OF CEMETERY OR CREMATORY New Cathedral Cem.

23d LOCATION CITY OR TOWN Baltimore

Maryland BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

DHMH - 16 60M 7/B4 (VRA 15, 4)

shauld be detoched with the State Dept.

MPORTANT: If Hem 21 is

Burial

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Encompara, the 13,1986 touring the sure of the sure of

Box 34B, Port Republic, Maryland 20676

**DHMH - 17** (VR A15 ME (5))

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listine 1919 Surros Ave.

arriand | Beltimore Election | A 1/19 surros Aid Consider

arriand | Beltimore Election | A 1/19 surros Ave. Size

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co 3/A 19-74-771 Uarlane Alox, Old Starenosco Bd. ba Fie

| Herital Series | 15-15-17 | National Series | Frince remarks, where, is the series of the series | 15 to 1

### STATE OF MARYLAND

028025	U	FOR CTATE JAB 5		STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	3 3 3 7 3
e 6. £		CEASED NAME FIRST	MIDDLE	Workman	20 DATE OF DEATH MONT	- 44
may be poge 3 er death	3. SE	Mac	19.6.	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
ge 4 m ector, p	13.36	Female	white	MONTH DAY YEAR	01	MONTHS DAYS HOURS MIN
eoth. Pa	7a. BI	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED   NEVER MARRIED	ford a law of	1
ofter d	10 CI	licott City	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS OR
4 hours	13a. S	AL RESIDENCE HE NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BE NTY 13t, CITY OR T	EFORE ADMISSION)	S? 13e.STREET ADDRESS / ZIP	CODE
Vi filled	14 FA	THER'S NAME	sard Ellicot	YES NO 15 MOTHER'S MAIDEN	3718 Lig	on Rd. 21043
ed within	17.12	Man Fred	MIDDLE LAST	rley Alice	MIDDLE	Grinstead
n ond careful Poges 1 medical		AS DECEASED EVER IN U.S. AR	VE WAR OR DATEST	ECURIONO. 17 INFORMANT 4-0962 Barbara	Michaud	3718 Ligon Rd.
attificate by physicio on papers. removol.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b) ED BY: TE CAUSE (a)	dere failes		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death of d by the attendin lease remove carb ial, cremation, or i or other troumotic		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSE	Eussclerole	Cardes Vose	Text pise Cipac
en signed Then plus or to buri	NOI			TO DEATH BUT NOT RELATED TO THE T		
on. he low on. t permit iene price ons on	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
ICIAN: The physicic physicic pertificate ial-transit mto! Hygis em 78 ss em	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN 17	EM 18 PART I ORPART 2)
G PHYS ottending er this c s the bur ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN ortol or TOR: Aft or use a of Health		22a 1 certify that (I) (this hosp	at view the bady after death		nian death occurred an the date as	nd have and fram the causes stoted
the hosp of DIREC etoched for the Dept.	1	22b. SIGNATURE	alles 1	DEGREE ATTENDIN PHYSICIA	IG MEDICAL STAFF	221 DATE SIGNED
O HOSPITAL etoined by t TO FUNERAL should be det with the Stote	13	22d PHYSICIAN'S NAME (TYPE		22e ADDRESS	WESTVIEW 1	MALL PATRAGE
retoin retoin Shoul with IMPO	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 2	23¢ NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	4
BP		Cremation		Westview Men.	. PK Catonsvill	
DHMH - 16 60M 7/B4		INERAL DIRECTOR	ADDRE OF	SS BOX ZES 250	DATE REC'D. BY REGISTRAN 256	REGISTRANSISIONATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

The second secon 3,000,700,000

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

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other troum ö

CERTIFICATION

MEDICAL

WHILE

19a. DATE OF OPERATION

NOT WHILE

page 3 (

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#### STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

- STATE REGISTRAR	VEI ANIII	CERTIFICATE OF DEATH	REG. NO.	
TOSEPH	MIDDLE M.	ZOLLER	12 - 20 - 86	9 30 A M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR	IF UNDER 24 HRS
MALE	WHITE	MONTH 4 1900	86 YRS MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH	
COUNTRY	U,S,A.	WIDOWED DIVORCED	HOWARD COUNTY	MD

ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) COLUMBIA HOWARD COUNTY GENERAL RETAIL FOOD 13a STATE 13c. CITY OR TOWN

130 STREET ADDRESS / ZIP CODE ELLICOTT CITY 11762 HOWARD MO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE KIEFFER JOSEPH MARGARET MCLAYE

17. INFORMANT I IF YES, GIVE WAR OR DATES! DOROTHY DINSMORE ZOLLER

		10x Chillian Chile ico.
	nly one couse per line for (a), (b), and (c), (b) and (c), (c) and (c), (d) and (c), (d) and (c), (e) and (c), (e) and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (16) WHITE CULTUS ANNUAL TO MICE	un mediate
gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF heard disease	re years

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

			YES 🗆	моП	IN CERTIFYING CAUSES	S OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED		ATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19					
21d. INJURY OCCURRED	21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211, LOCATION STREET		CITY OR TOV	VN COUNTY	STAT

AT WORK AT WORK (1) this hospital) attended the deceased from and that in (aur) opinion death accurred an the date and hour and from the causes stated

DEGREE 22c DATE SIGNED

ATTENDING« MEDICAL STAFF 12-20.86

PATUXENT PKW U

23c NAME OF CEMETERY OR CREMATORY WESTUIEW MEM CREMATION BALTIMORE

24 FUNERAL DIRECTOR INDIAN HILL

FRIEMOSHIP DSEPH L. CANSY

カハタレノ

20b. IF YES, WERE FINDINGS USED

STATE

20a AUTOPSY?

72 0081 m 11 011470 The ALC NO TOLLOW TO DESCRIPT AND THE PROPERTY DESCRIPTION OF P. Was Are Land Francisco State (State State St